



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2007 APR 26 AM 9:50

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

New Beginnings Counseling Center LLC

2. The street address of the initial registered office is:

1825 Fairway Drive American Falls, Idaho 83211

and the name of the initial registered agent at the above address is:

Tia Thomas, LCSW

3. The mailing address for future correspondence is:

1825 Fairway Drive American Falls, Idaho 83211

4. Management of the limited liability company will be vested in:

Manager(s) ☒ or Member(s) ☐ (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name	Address
<u>Tia Thomas, LCSW</u>	<u>3145 Sage Street American Falls, Idaho 83211</u>
<u>Genevieve Thomas, LCSW</u>	<u>1317 Travois Circle Blackfoot, Idaho 83221</u>
_____	_____
_____	_____
_____	_____

6. Signature of at least one person responsible for forming the limited liability company:

Signature: Tia Thomas, LCSW

Typed Name: Tia Thomas, LCSW

Capacity: co-owner

Signature: Genevieve Thomas, LCSW

Typed Name: Genevieve Thomas, LCSW

Capacity: co-owner

Secretary of State use only

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Revised 07/2002

IDAHO SECRETARY OF STATE
04/27/2007 05:00
CK: 3246 CT: 212682 BH: 1049983
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