



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the limited liability company is:

Integrated HealthCare & Counseling LLC

2. The complete street and mailing addresses of the initial designated office:

3355 So Holmes Ave

(Street Address)

Idaho Falls ID 83404

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Elizabeth H Cameron 2303 E 97th S

(Name)

(Street Address)

Idaho Falls ID
83404

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Elizabeth Cameron as Above (line #2)

Lisa Bridges 1997 Eagle Pointe Dr
Ammon ID 83406

5. Mailing address for future correspondence (annual report notices):

3355 So Holmes Ave Idaho Falls ID
83404

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Elizabeth H Cameron
Typed Name: Elizabeth H Cameron

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
06/11/2012 05:00
CK: 3895 CT: 271290 BH: 1327677
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W114678