



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:

<u>Name</u>	<u>Address</u>
<u>Elizabeth Cameron as Above (line #2)</u>	
<u>Lisa Bridges</u>	<u>1997 Eagle Pointe Dr</u>
	<u>Ammon ID 83406</u>

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

Secretary of State use only

Signature _____
Typed Name: _____

IDaho SECRETARY OF STATE
06/11/2012 05:00
CK: 3895 CT: 271298 BH: 1327677
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3