



CERTIFICATE OF ORGANIZATION **FILED EFFECTIVE**
LIMITED LIABILITY COMPANY 2013 JUN 28 AM 9:08

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Abilities Service Coordination LLC

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

2328 Mountain View Dr
(Street Address)

Emmett, Id 83617
(Mailing Address, if different than street address)

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

Bradley E. Smelcer
(Name)

2328 Mtn. View Dr.
(Street Address) Emmett, Id. 83617

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

Brad Smelcer
Name

2328 Mtn. View Dr
Emmett, Id. 83617
Address

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

2328 Mtn. View Dr. Emmett, Id 83617

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

Signature of a manager, member or authorized person.

* Signature Bradley Earl Smelcer
Typed Name: Bradley Earl Smelcer

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
06/28/2013 05:00
CK: 1511 CT: 284822 BH: 1380129
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