



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 MAY -4 AM 11:07

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Drug & Alcohol Detection Center, LLC.

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

217 E Pine Ave Ste.102 Meridian, Idaho 83642

(Street Address)

PO BOX 1239 Meridian, Idaho 83680

(Mailing Address, if different than street address)

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

Julie Black

(Name)

217 E Pine Ave Ste.102 Meridian, Idaho 83642

(Street Address)

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

Name

Address

Julie Black

PO BOX 1239 Meridian, Idaho 83680

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

PO BOX 1239 Meridian, Idaho 83680

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name:

Julie Black

Signature

Typed Name:

Secretary of State use only

g:\corpforms\LLC forms\cart_org_llc.PMD
Revised 07/2008

IDAHO SECRETARY OF STATE
05/04/2010 05:00
CK: 372 CT: 181217 BH: 1220674
1 @ 100.00 = 100.00 ORGAN LLC # 2

W93053