



Re and 10,2018

## **CERTIFICATE OF ORGANIZATION** MITED LIABILITY COMPANY

For Office Use Only

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渊.		LIMITED LIAD	SILIT COMPAN	File #: 0005728767	
Ŷ.		Title 30, Chapters 21 a		Date Filed: 4/24/2024 9:50:00 AM	
		Base Filing fee: \$100.00	+ \$20.00 for manual processing	g (form must be ty <del>bed).</del>	
a:	**************************************	6 41 - 12 - 24 - 4 12 4 2124			! !
1.	The name of the limited liability company is:  Anxiety Pathways LLC  (Remember to include the words "Limited Liability Company," "Limited Company, "or the abbreviations LLC., LLC, or LC)				İ
e: L.:	The complete street and mailing addresses of the principal office is:				(
	1817 N Lakes Pl Suite 100, Meridian, ID 83646				•
	-must Address)				·
	7323 W Ring Perch Dr. Boise, Idaho 83709				 
2					
3.	The name and complete street address of the registered agent:				
	Krista Hasler 7323 W Ring Perch Dr. Boise, Idaho 83709				
, i			(Addtens)		!
£.	The name and address of at least one governor of the limited liability company:				
	Krista Hasler 7323 W Ring Perch Dr. Boise, Idaho 83709				Difficulty and the second of
	2. April 200 v		t ingress depth in a		
	Address) (Address)				
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	As (a) (Arthurs)				
5.	Mailing address for future correspondence (annual report notices):				
	7323 W Ring Perch Dr. Boise, Idaho 83709				
	(Mailing A	Address)			I
Signa	ture of org	ganizer(s).			
Printed Name: Krista Hasler Secretary of State use only					
	( ~	11110	Ministrativa (Ministrativa Prima) (Antonio Antonio Ant		
Signa	ture:	MY 13	TF SOUTHY - NAME - STOCK - A THE ANGLE AND THE ANGLE AND A SOUTH AND A SOUTH AND A SOUTH A SOU		
Printe	d Name:		SPANISH AND THE PROPERTY OF TH		
Signa	tire:				
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