



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2005 JAN -6 11 5:17

1. The name of the limited liability company is:

All Seasons Counseling, LLC

2. The street address of the initial registered office is:

1334 Miller Avenue, Burley, Idaho, 83318

and the name of the initial registered agent at the above address is:

Julie Marie Williams

3. The mailing address for future correspondence is:

1334 Miller Avenue, Burley, Idaho, 83318

4. Management of the limited liability company will be vested in:

Manager(s) ☒ or Member(s) ☐ (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name	Address
<u>Julie Marie Williams, Manager</u>	<u>101 South 9th Street, Rupert, Idaho, 83350</u>
_____	_____
_____	_____
_____	_____
_____	_____

6. Signature of at least one person responsible for forming the limited liability company:

Signature: Julie Marie Williams

Typed Name: Julie Marie Williams

Capacity: Manager

Signature _____

Typed Name _____

Capacity: _____

Secretary of State use only

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Revised 07/2002

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