



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2014 JUN 18 AM 8:35

1. The name of the limited liability company is:

Crossroads Counseling, LLC

SECRETARY OF STATE
STATE OF IDAHO

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

1353 North Indian Creek Road, Inkom, ID 83245

(Street Address)

P.O. Box 482, Inkom, ID 83245

(Mailing Address, if different than street address)

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

Joshua Les Adkins

(Name)

1353 North Indian Creek Road, Inkom, ID 83245

(Street Address)

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

Name

Address

Joshua Les Adkins

1353 North Indian Creek Road, Inkom, ID 83245

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

P.O. Box 482, Inkom, ID 83245

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Joshua Les Adkins

Typed Name: Joshua Les Adkins

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

06/18/2014 05:00

CK:1622 CT:298108 BH:1429671

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