



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the limited liability company is:

City of Refuge, LLC

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

1740 East 17th St., Suite E, Idaho Falls, Idaho 83404

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

Dr. Thana Singarajah

3. The mailing address for future correspondence is:

1740 East 17th St., Suite E, Idaho Falls, Idaho 83404

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) or 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

Family Care Counseling Center, Inc. - 1740 East 17th St., Suite E
Idaho Falls, ID 83404

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

Signature: [Signature]

Typed Name: Thana Singarajah

Capacity: President, Family Care Counseling
Center, Inc.

Signature: _____

Typed Name: _____

Capacity: _____

Secretary of State use only

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Revised 07/2002

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11/18/2002 05:00
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