



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

**FILED EFFECTIVE**

(Instructions on back of application)

11 AUG 22 AM 10:46

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Harris Addiction Treatment Services, LLC

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

2537 West State Street Suite # 110, Boise, Idaho 83702

(Street Address)

582 E. Boise Ave. #164, Boise, Idaho 83706

(Mailing Address, if different than street address)

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

Donnie Harris

(Name)

2537 West State Street Suite # 110, Boise, Idaho 83702

(Street Address)

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

Name

Address

Donnie Harris

582 E. Boise Ave #164, Boise, Idaho 83706

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

582 E. Boise Ave. # 164, Boise, Idaho 83706

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature Donnie Harris

Typed Name: Donnie Harris

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
08/22/2011 05:00  
CK: 763351 CT: 172099 BH: 1287413  
1 P 100.00 = 100.00 ORGAN LLC # 2

W106088