



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

FILED EFFECTIVE

2014 NOV 28 AM 9:18

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

1. The name of the limited liability company is:

Room to Breathe Counseling, LLC

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

1020 W. Franklin Street, Boise ID 83702

(Street Address)

(Mailing Address, if different than street address)

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

Sally Cleary

(Name)

11083 Springgold Drive, Boise ID 83709

(Street Address)

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

Name

Sally Cleary

Address

11083 Springgold Drive, Boise ID 83709

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

11083 Springgold Drive, Boise ID 83709

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature: Sally Cleary
Typed Name: Sally Cleary

Secretary of State use only

IDAO SECRETARY OF STATE

11/28/2014 05:00

CK:4001 CT:214912 BH:1451028
1@ 100.00 = 100.00 ORGAN LLC #2

Signature _____
Typed Name: _____

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