



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 JUN -9 AM 9:28

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Terri James, LCPC LLC

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

220 South 2nd Ave. Hailey, Idaho 83333

(Street Address)

(Mailing Address, if different than street address)

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

Terri James

(Name)

220 South 2nd Ave. Hailey, Idaho 83333

(Street Address)

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

Name

Address

Terri James

220 South 2nd Ave. Hailey, Idaho 83333

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

220 South 2nd Ave. Hailey, Idaho 83333

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Terri James

Typed Name: Terri James

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

06/09/2014 05:00

CK: 7166 CT: 161601 BH: 1428325

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