

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY 10 SEP 13 AM 8: 59

<b>1</b>	(Instructions on ba	ack of application)	SECRETARY OF STATE
1.	The name of the limited liability of	company is:	STATE OF IDAHO
	Sere	nity Counseling Center	, LLC.
2.	The complete street and mailing 1334 Miller Avenue, Burley, Idaho 833		itial designated/principal office:
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Khali J.B. Berlin	428 Parish Court, Burley, Idaho 83318	
	(Name)	(Street Address)	· · · · · · · · · · · · · · · · · · ·
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>	Address	
	Khali J.B. Berlin	428 Parish Court, Burley, Idaho 83318	
5.	Mailing address for future corresp 428 Parish Court Burley, Idaho 83318	•	eport notices):
6.	Future effective date of filing (optional):		
	nature of a manager, member son.	or authorized	`
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	natur <b>e <u>Shalid</u>Be</b> ed Name: Khali J.B. Berlin	WWW	
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Sigi	nature		
Тур	ed Name:		IDAHO SECRETARY OF STATE 09/13/2010 05:0
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IDAHO SECRETARY OF STATE

99/13/2010 05:00

CK: 2072 CT: 251176 BH: 1238602
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