



# **CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY**

**FILED EFFECTIVE**

2013 OCT 21 AM 10:00

SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

1. The name of the professional limited liability company is:

Tree of Life Counseling, PLLC

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

1300 Arrowhead Plaza Way, Driggs, Idaho 83422

(Street Address)

PO Box 632, Victor, Idaho 83455

(Mailing Address, if different than street address)

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

Christina Riley

(Name)

10260 Moose Lane, Victor, Idaho 83455

(Street Address)

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

**Name**

**Address**

Christina Riley

1300 Arrowhead Plaza Way, Driggs, Idaho 83422

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

PO Box 632, Victor, Idaho 83455

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

7. The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is: social work

Signature of a manager, member or authorized person.

Signature

Christina Riley, LCSW

Typed Name: Christina Riley, LCSW

Signature \_\_\_\_\_

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

Secretary of State use only

IDAHO SECRETARY OF STATE  
10/21/2013 05:00  
CK: 163 CT: 288752 BH: 1394621  
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