

Typed Name: _____

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

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(Instructions on back of application) STATE OF IDAHO 1. The name of the limited liability company is: Heather Tustison, LCPC, LLC 2. The complete street and mailing addresses of the initial designated/principal office: 2835 S. Harmony St. Boise, ID 83706 (Street Address) (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: Heather Tustison 2835 S. Harmony St. Boise, ID 83706 (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: **Address** Name **Heather Tustison** 2835 S. Harmony St. Boise, ID 83706 5. Mailing address for future correspondence (annual report notices): 2835 S. Harmony St. Boise, ID 83706 6. Future effective date of filing (optional): ______ Signature of a manager, member or authorized person. Secretary of State use only Signature IDAHO SECRETARY OF STATE Signature

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