



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

11 DEC 22 AM 8:57

 SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Family Foundations Social Work Services PLLC

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

505 2nd E. Bancroft Id 83217

(Street Address)

PO Box 182 Bancroft Id 83217

(Mailing Address, if different than street address)

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

Holly C. Owens
(Name)

505 2nd E. Bancroft Id 83217
(Street Address)

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

Holly C. Owens
Name

PO Box 182 Bancroft Id 83217
Address

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

PO Box 182 Bancroft Id 83217

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 Services

Signature of a manager, member or authorized person.

 Signature Holly C. Owens

 Typed Name: Holly C. Owens

Signature _____

Typed Name: _____

Secretary of State use only

 IDAHO SECRETARY OF STATE
 12/22/2011 05:00
 CK: 2020 CT: 265201 BH: 1302735
 1 @ 100.00 = 100.00 PROF LLC # 2
 1 @ 20.00 = 20.00 EXPEDITE C # 3

W109328