

ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)



1. The name of the professional limited liability company is: Charles J. Rober Mental Health Recovery, PLLC

2. The professional limited liability company is organized for the practice of the profession(s) of: Social work

3. The address of the initial registered office is 1265 W. Waltman Drive,
(not a PO Box)
Meridian, Idaho, 83642, and the name of the
initial registered agent at that address is Debra Cole

Signature of registered agent: Debra Cole CJO

4. Is management of the limited liability company vested in a manager or managers?
☐ Yes ☒ No (check appropriate box)

5. If management is vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is vested in the members, list the name(s) and address(es) of at least one member.

Name:

Address:

Debra Cole

1265 W. Waltman Drive, Meridian, ID 83642

6. Signature(s) of at least one person listed in #6 above:

Debra Cole CJO

Secretary of State use only
IDAHO SECRETARY OF STATE

04/13/1999 09:00
CK: 7359 CT: 75532 BH: 206800

1 @ 100.00 = 100.00 PROF LLC # 2

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