



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

11 MAR -9 PM 2:48

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Timberlake Counseling & Consulting, PLLC

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

5840 S Horseshoe PL, Boise, ID 83716

(Street Address)

(Mailing Address, if different than street address)

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

Daniel Timberlake, MBA, PhD

(Name)

5840 S Horseshoe PL, Boise, ID 83716

(Street Address)

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

Name

Address

Daniel Timberlake, MBA, PhD

5840 S Horseshoe PL, Boise, ID 83716

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

5840 S Horseshoe PL, Boise, ID 83716

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: Psychology

Signature of a manager, member or authorized person.

Signature

Daniel Timberlake

Typed Name: Daniel Timberlake, MBA, PhD

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
03/09/2011 05:00
CK: 558 CT: 256357 BH: 1263505
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