



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
2013 APR 18 AM 10:05
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Dr. Cheryl Maddalena PsyD, LLC

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

1412 W Washington St. Boise ID 83702

(Street Address)

(Mailing Address, if different than street address)

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

Cheryl Maddalena

(Name)

1412 W Washington St. Boise ID 83702

(Street Address)

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

Name

Address

Cheryl Maddalena

1412 W Washington St. Boise ID 83702

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

1412 W Washington St. Boise ID 83702

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Cheryl Maddalena

Typed Name: Cheryl Maddalena

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/18/2013 05:00
CK: 2117 CT: 282078 BH: 1370030
1 @ 100.00 = 100.00 ORGAN LLC # 2

W124425