



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

2015 APR -8 AM 8:31

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Cloud Clinic Mental Health, PLLC

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

2577 S. Five mile Rd Boise, ID 83709

(Street Address)

3473 E Shergan CT Meridian, ID 83642

(Mailing Address, if different than street address)

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

Shannon Binder

(Name)

3473 E. Shergan CT Meridian, ID 83642

(Street Address)

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

Shannon Binder

Name

3473 E. Shergan CT Meridian, ID 83642

Address

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

3473 E. Shergan CT Meridian, ID 83642

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: Family Nurse Practitioner

Signature of a manager, member or authorized person.

Signature [Handwritten Signature]

Typed Name: Shannon Binder

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

04/06/2015 05:00

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1@ 100.00 = 100.00 PROF LLC #2

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