

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application)

2014 AUG 25 AM 9: 44

1. The name of the limited liability cor	npany is:	GEORGANI OF STATE
Brandi McChesney Speech-Lang	uage Therapy	Services LLC
2. The complete street and mailing ad	dresses of the	initial designated office:
390 East Stonewater Ct. Eagle, IC	83616	
(Street Address) 515 Fitness PI Ste 120, Eagle, ID	83616	
(Mailing Address, if different than street address)		
3. The name and complete street add	ress of the reg	istered agent:
Brandi McChesney	390 East S	Stonewater Ct. Eagle, ID 83616
(Name)	(Street Address)	
4. The name and address of at least of	one member o	r manager of the limited liability
company:	a complete the second s	<b>3</b>
<u>Name</u>		Address
Brandi McChesney	390 East S	Stonewater Ct. Eagle, ID 83616
5. Mailing address for future correspond	ndence (annu	al report notices):
515 Fitness PI Ste 120, Eagle, ID		ar rope it induced).
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6. Future effective date of filing (option	nal):	
Signature of a manager, member of	r authorized	
person.	ſ	Secretary of State use only
Signature Brand McCheshers		IDAHO SECRETARY OF STATE
Typed Name: Brandi McC	nesneu	08/25/2014 05:00
TOTAL TORCE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CK:5367 CT:300408 BH:1438621 1@ 100.00 = 100.00 ORGAN LLC #
Signature		· ·
Typed Name:		WILLIAM
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