



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
 11 MAY 31 AM 8:10
 SECRETARY OF STATE
 STATE OF IDAHO

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

Ben Swanson, PhD, PLLC

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

2584 N Stokesberry, Meridian ID 83646

(Street Address)

(Mailing Address, if different than street address)

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

Ben Swanson

(Name)

2584 N Stokesberry, Meridian ID 83646

(Street Address)

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

Name

Address

Ben Swanson

Same as above

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

2584 N Stokesberry, Meridian ID 83646

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: Psychologist

Signature of a manager, member or authorized person.

Signature

Typed Name: Ben Swanson, Ph.D.

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
 05/31/2011 05:00
 CK: 690376 CT: 172099 BH: 1275079
 1 @ 100.00 = 100.00 PROF LLC # 2
 1 @ 20.00 = 20.00 EXPEDITE C # 3