



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**  
2015 APR 20 AM 9:37

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Patricia Jean Easton LCSW, CHT LLC

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

1791 Warbler Ln, Post Falls, ID 83854

(Street Address)

(Mailing Address, if different than street address)

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

Patricia Jean Easton

(Name)

1791 Warbler Ln, Post Falls, ID 83854

(Street Address)

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

**Name**

**Address**

Patricia Jean Easton

1791 Warbler Ln, Post Falls, ID 83854

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

1791 Warbler Ln, Post Falls, ID 83854

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: Patricia Jean Easton

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

04/20/2015 05:00

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