

Printed Name: .

Signature: .

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

2018 MAR 28 AM 11: 44

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

SECRETARY OF STATE

FILED EFFECTIVE

	Complete and submit the	sponcation it onblicati	<b>E</b> . 5/1/12 <b>6</b> 1 12/11/2	
1	The name of the professional limited liab	lilty company is:		
''	SAFE WATERS MENTAL RECOVERY PLLC			
	SAIL WATERS WENTAL	RECOVERT	LLC	
<ol> <li>3.</li> <li>5.</li> </ol>	The complete street and mailing addresses of the principal office is:			
	2101 LAKEWOOD DR STE 226			
	(Street Address)			
	COEUR D' ALENE, ID 83814			
	(Mailing Address, if different)			
<ol> <li>3.</li> <li>5.</li> </ol>	Name and street address of registered agent <u>in idaho</u> :			
	KATHLEEN SAMSEL	2101 LAKEW	VOOD DR STE 226, CDA, ID 83814	
	(Name)	(Address)		
,				
4.				
	KATHLEEN SAMSEL		VOOD DR STE 226, CDA, ID 83814	
	(Name)	(Address)		
	(Name)	(Address)		
	(Name)	(Address)		
5.	Mailing address for future correspondence (annual report notices):			
	2101 LAKEWOOD DR STE 226, CDA, ID 83814			
	(Address)			
_	<b></b>			
<ol> <li>3.</li> <li>4.</li> <li>7.</li> </ol>	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:			
	Social Work			
			Sacratary of State Lise only OF STATE	
7.	Signature of a manager, member, or a	-	03/28/2018 05:00	
Pri	nted Name; KATHLEEN SAMS	EL	CK:17207602 CT:172099 BH:16349	
			10 100.00 = 100.00 PROF LLC #:	

Rev. 11/2017