



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

2011 JUL 28 PM 4: 10

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Journeys in Healing, PLLC

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

191 W 400 S

(Street Address)

Jerome Idaho

(Mailing Address, if different than street address)

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

Lora Ohlensehlen, LCSW,

(Name)

191 W 400 S Jerome, Idaho 83338

(Street Address)

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

Name

Address

Lora Ohlensehlen, LCSW

191 W 400 S Jerome, Idaho 83338

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

191 W 400 S Jerome, Idaho 83338

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: social work

Signature of a manager, member or authorized person.

Signature

Lora Ohlensehlen, LCSW

Typed Name: Lora Ohlensehlen, LCSW

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
07/28/2011 05:00
CK: 743198 CT: 172899 BH: 1284401
1 @ 100.00 = 100.00 PROF LLC # 2

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