



# CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code  
Filing fee: \$100 typed, \$120 not typed  
Complete and submit the application in duplicate.

**FILED EFFECTIVE**

**2017 AUG 30 AM 9:11**

**SECRETARY OF STATE  
STATE OF IDAHO**

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

**Ruscitto Counseling and Consulting, PLLC**

2. The complete street and mailing addresses of the principal office is:

**906 W. Second Ave. Suite 600 Spokane WA 99201**

(Street Address)

(Mailing Address, if different)

3. Name and street address of registered agent in Idaho:

**Kathleen Ruscitto**

**3015 N Charleville Rd Apt. 117 Post Falls ID 83854**

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

**Kathleen Ruscitto**

**3015 N Charleville Rd Apt 117 Post Falls ID 83854**

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

**3015 N Charleville Rd Apt 117 Post Falls ID 83854**

(Address)

6. 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**

*(Counselor)*



7. Signature of a manager, member, or an organizer.

Printed Name: **Kathleen Ruscitto**

Signature: *Kathleen Ruscitto*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

**08/30/2017 05:00**

CK:202 CT:344896 BH:1600525

1@ 100.00 = 100.00 PROF LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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