Signature: __

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

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

2016 NOV 29 AM 8: 30

SECRETARY OF STATE

The name of the professional li	mitad liability company is:	STATE OF IDAHO
Mai Provencio Counseling		
2. The complete street and mailing	g addresses of the principal office is	:
7237B W. Potomac Drive	Boise, ID 83704	
(Street Address)		
PO Box 190262 Boise, ID	83719	
(Mailing Address of different)		
3. Name and street address of reg	gistered agent <u>in Idaho</u> :	
Mai Provencio	11911 W. Sunnyo	lale Lane Boise, ID 83713
(Neme)	(Address)	
	ast one governor of the limited liabili	
Mai Provencio	11911 W. Sunnyo	lale Lane Boise, ID 83713
(Name)	(Address)	
(Name)	(Address)	
(Name)	(Address)	
5. Mailing address for future corre	spondence (annual report notices):	
PO Box 190262 Boise, II	83719	
(Address)		
		ncipal profession or professions for which members are
duly licensed of otherwise legal	lly authorized to render professional	Services is.
	Social Work	
		Secretary of State use only
Signature of a manager, member, or an organizer.		IDAHO SECRETARY OF STATE
Mai Le Provencio		11/29/2016 05:00
rinted Name:		CK:1736 CT:331692 BH:1557107
Signature: Luci Le X	Linear (la 1980)	10 100.00 = 100.00 PROF LLC #2
Digitature.		(4 - 2
Printed Name:		W174828
		<u>-</u>