2	FILM
CERTIFICATE OF O PROFESS LIMITED LIABILI	SIONAL
Instructions on back) 1. The name of the professional limite AR	
2. The complete street and mailing ad	dresses of the initial designated office:
1042 W. Mill Ave. Suite 207 Coeur d' Al (Street Address)	-
(Mailing Address, if different than street address)	
3. The name and complete street add	
Melinda LaPrath (Name)	3090 E. 3rd Ave Post Falls ID 83854 (Street Address)
Iliability company: <u>Name</u> Jeffrey Sitek	Address Address 1111 E. Longfellow Street Spokane WA 99207
5. Mailing address for future correspon 1042 W. Mill Ave Suite 207 Coeur d' Ale	
6. Future effective date of filing (option	nal):
professions for which members are d professional services is: Montal health	ofessional company, and the principal profession or luly licensed or otherwise legally authorized to render by Psychelogy
Signature of a manager, member or person.	
Signature Angling	Secretary of State use only
Typed Name Silek M. Ed., LCPC, CH	нт
Signature Typed Name:	
cert_org_r	plic.pmd Rev. 07/2010 W1231235