

ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

05 MAR 23 PM 4: 10

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

1.	The name of the professional limited liability co	mpany is: STATE OF IDAHO sling ServicesPLLC	
2.	The professional LLC is organized for the prac	tice in the profession of: Counseling	
3.	The address of the initial registered office is:	1510 Robert Street, Ste 102 Boise, Id 8370t	5
	and the name of the initial registered agent is:	Jerilynn Blum	
4.	Management of the professional limited liability	company will be vested in:	
	☐ Manager(s) ☑ Mem	ber(s)	
5.	. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one manager. If management is to be vested in members, list name(s) and address(es) of at least one initial member.		
	Name	Address	
	Tori Beauclaire	2243 Gekeler Lane Boise Idaho 83706	<u></u>
	- Ally		
6.	Signature(s) of at least one person responsible	for forming the limited liability company:	
	Signature 1 on Brawland		
	Typed Name		
	Capacity Member	IDAHO SECRETARY OF S LOS CK: 4523 CT: 187296 BH LOS CK: 4523 CT: 187296 BH LOS CK: 4523 CT: 187296 BH	
	Signature	IDAHO SECRETARY OF S	
	Typed Name	CK: 4523 CT: 187296 BH	15 = 100 1: 88834)F LLC #
	Capacity	Ye	" LLL #

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