

## CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

2012 HAR -6 AM 8: 42

(Instructions on back of application)

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

SECRETARE OF STATE

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	Mary M. Simon, LCSW, PLLC
2. The complete street and m	nailing addresses of the initial designated office:
4205 South Barber Station Wa	av Boise, Idaho 83716
(Street Address)	
(Mailing Address, if different than stre	eet address)
<ol><li>The name and complete st</li></ol>	treet address of the registered agent:
Mary M. Simon	4205 South Barber Station Way Boise, Idaho 83716
(Name)	(Street Address)
4. The name and address of a	at least one member or manager of the professional limited
liability company:	
<u>Name</u>	<u>Address</u>
Mary M. Simon	4205 South Barber Station Way Boise, Idaho 83716
<ol><li>Mailing address for future of</li></ol>	correspondence (annual report notices):
4205 South Barber Station Wa	y Boise, Idaho 83716
6 Future effective date of filir	ng (optional):
o. Tutare encouve date of him	ig (optional).
	ny is a professional company, and the principal profession or bers are duly licensed or otherwise legally authorized to render ocial work
signature of a manager, me	mber or authorized
erson.	
	Secretary of State use only
Signature <u>May</u> M	Simon, UCLe
yped Name: Mary M. Simon, LC	SW IDAHO SECRETARY OF STATE
Signature	CK: 2253 CT: 267804 BH: 1313732
yped Name:	
	W111742

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