



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 AUG 20 AM 9:30

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Sarah Michelle Wasserman, Speech-Language Pathologist, LLC

2. The complete street and mailing addresses of the initial designated office:

2076 S. Eagle Road

(Street Address)

Meridian, Idaho 83642

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Sarah M. Wasserman

(Name)

11946 W. Goldenrod Ave. Boise, ID 83713

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Sarah M. Wasserman

11946 W. Goldenrod Ave. Boise, ID 83713

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

11946 W. Goldenrod Ave. Boise, ID 83713

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name:

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

08/20/2012 05:00

CK: 98 CT: 273455 DH: 1336577

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