

## ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

## FILED/EFFECTIVE

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(Instructions on back of application)

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1.	The name of the professional limited liability c	ompany is: -		ciafes Psychological
2.	The professional LLC is organized for the pra	ctice in the p	rofession of:	Psychology
3.	The address of the initial registered office is:	1414 W	. Franklin St., E	Boise, ID 83702
	and the name of the initial re	gistered age	nt is: <u>Yve</u>	tte L. Ward, Psy.D.
4.	Management of the professional limited liability	ty company v	vill be vested ir	n:
	☐ Manager(s) 🞽 Men	nber(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 the name(s) and address(es) of at least one initial member.			
	Name	Address		
	Yvette L. Ward, Psy.D.	1414 W. Franklin St., Boise, ID 83702		
	Signature(s) of at least one person responsible	for forming th	ne limited liabi	lity company:
	Signature	IIC.p65	<u> </u>	<del></del>
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S	Signature	IDAHO SECRETARY OF STATE  O1/18/2002 05:06  CK: 1118 CT: 155948 BH: 44988 1 0 100.00 = 100.00 PROF LLC #		
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