



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

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

2013 JAN -4 PM 12: 24

SECRETARY OF STATE
STATE OF IDAHO

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

1502 W. Franklin St. Boise ID 83702
(Street Address)

3003 N. 30th St. Boise ID 83703
(Mailing Address, if different than street address)

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

Julie Hogan
(Name)

1502 W. Franklin St. Boise ID
(Street Address)
83702

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

Julie Hogan

1502 W. Franklin St. Boise 83702

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

3003 N. 30th St. Boise ID 83703

6. Future effective date of filing (optional): 11/5/13

7. The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is: Social Work

Signature of a manager, member or authorized person.

Signature Julie Hogan

Typed Name: Julie K Hogan

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
01/04/2013 05:00
CK: 1999 CT: 277868 BH: 1354246
1 @ 100.00 = 100.00 PROF LLC # 2