



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

11 OCT 17 AM 9:40

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

simply me LLC counseling and psychotherapy *LLC*

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

303 N. 12th St Pocatello 83201

(Street Address)

(Mailing Address, if different than street address)

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

Michael J. Fica

(Name)

801 E. Sherman #192

(Street Address)

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

Name

Address

Ila M. Fica

303 N. 12th St Pocatello, Idaho 83201

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

801 E. Sherman #192, Pocatello, Idaho 83201

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Ila M Fica

Typed Name: Ila M. Fica

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/17/2011 05:00
CK: 7255 CT: 263342 BH: 1294449
1 @ 100.00 = 100.00 ORGAN LLC # 2

W/07556