



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2013 JUN 10 AM 9:35

 SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Delgado Counseling and Consulting PLLC

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

2066 N Westwind Drive Post Falls, ID 83854

(Street Address)

(Mailing Address, if different than street address)

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

Marilyn Delgado

(Name)

2066 N Westwind Drive Post Falls, ID 83854

(Street Address)

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

Name
Address
Marilyn Delgado
2066 N Westwind Drive Post Falls, ID 83854

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

2066 N Westwind Drive Post Falls, ID 83854

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

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 Marilyn Delgado

 Typed Name: Marilyn Delgado, MSW, LCSW

Signature _____

Typed Name: _____

Secretary of State use only

 IDAHO SECRETARY OF STATE
 06/10/2013 05:00
 CK: 1892 CT: 284138 BH: 1377474
 1 @ 100.00 = 100.00 PROF LLC # 2

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