



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2013 APR 10 AM 9:08

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Mark E. Mengerling, LCSW, CRC, P.L.L.C.

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

3215 N. Native Lane (Street Address) (208-789-6935)

Boise, ID 83704 (Mailing Address, if different than street address)

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

Mark E. Mengerling
(Name)

3215 N. Native Lane, Boise, ID 83704
(Street Address)

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

Name	Address
<u>Mark E. Mengerling</u>	<u>3215 N. Native Lane Boise, ID 83704</u>
_____	_____
_____	_____
_____	_____

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

3215 N. Native Lane Boise, ID 83704

6. Future effective date of filing (optional): N/A

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: Clinical Social Work, Rehabilitation Counseling

Signature of a manager, member or authorized person.

Signature Mark E. Mengerling

Typed Name: Mark E. Mengerling

Signature _____

Typed Name: _____

Secretary of State use only

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