



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2015 APR -1 PM 12:01

 SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Kat Bowen Counseling, PLLC

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

11523 W. Fairview Ave Boise, ID 83713
 (Street Address)

Same
 (Mailing Address, if different than street address)

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

Linda Bowen
 (Name)

2219 N. Curtis Rd. Boise, ID
 (Street Address) 83706

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

Name	Address
<u>Linda Bowen</u>	<u>11523 W. Fairview Ave Boise, ID</u> <u>83713</u>
_____	_____
_____	_____

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

~~11523~~ W. Fairview Ave. Boise, ID 83713
11523

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: Social Work

Signature of a manager, member or authorized person.

 Signature [Signature]

 Typed Name: Linda Bowen

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

04/01/2015 05:00

CK:2039 CT:308431 BH:1468950

1@ 100.00 = 100.00 PROF LLC #2

W149873