

FILED EFFECTIVE



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

JUN -6 PM 1:59

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

The undersigned elects to be a Limited Liability Partnership, and submits the following information to the Secretary of State pursuant to Idaho Code § 53-3-1001

1. The name of the limited liability partnership is: Center Counseling PSR, LLP
2. If previously filed a statement of partnership, the name used in that statement is: _____
The date it was filed with the Idaho Secretary of State's Office was: _____
3. The street address of the limited liability partnership's chief executive office is:
4460 Central Way, No. 4, Chubbuck, ID 83202
4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: _____
5. The mailing address for future correspondence is: _____
4460 Central Way, No. 4, Chubbuck, ID 83202
6. The above-named partnership elects to be a limited liability partnership.
7. Future effective date (optional): _____

8. Signature of at least 2 partners:

1)

William Lawrence McKee
Typed Name William Lawrence McKee

2)

LeeAnn Anderson Turpin
Typed Name LeeAnn Anderson Turpin

3)

LeeAnn Anderson Turpin
Typed Name _____

Secretary of State use only

9. Korpiforms/qualif p65 Revised 01/2001

IDAHO SECRETARY OF STATE
06/06/2011 05:00
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