



Printed Name:

Signature: Redises 01, 719

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY CCFile #: 0003999216

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Title 30, Chapters 21 and 25, Idaho Code

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|-----|--|---|--|
| 1. | The name of the professional limited hability company is: | | |
| | Brave Ahead Counseling | PLLC | ······································ |
| 2. | The complete street and mailing addresses of the principal office is: 410 East Sherman, Suite 201, Coeur d' Alene, Idaho 83814 | | |
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| | garate e glange a Se | | |
| 3. | Name and street address of registered agent <u>in Idaho</u> : | | |
| | Rachel Reid | 410 East Sherman, Suite 2 | 201, Coeur d' Alene, Idaho 83814 |
| | The second secon | | |
| 4. | The name and address of at least one governor of the limited liability company: | | |
| | Rachel Reid | 410 East Sherman, Suite 2 | 201, Coeur d' Alene, Idaho 83814 |
| | | | |
| | | | |
| | 3. 2. | Sp. | |
| | | | |
| | | at * | |
| 5. | Mailing address for future correspondence (annual report notices): | | |
| | 410 East Sherman, Suite 201, Coeur d' Alene, idaho 83814 | | |
| | of residence of the contraction | | |
| 6. | 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: | | |
| | Mental Health Counseling (Psychology) | | |
| | | <u></u> | |
| 7. | Signature of a manager, memb | er, or an organizer, | Secretary of State use only |
| Pri | nted Name: Rachel Reid | • | |
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