



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

11 FEB 28 AM 8:22

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Melissa Young LCSW, PLLC

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

99 E. State Street, Suite 203, Eagle, ID 83616

(Street Address)

7935 Stack Rock Drive, Boise, ID, 83714

(Mailing Address, if different than street address)

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

Melissa Young LCSW, PLLC

(Name)

99 E. State Street, Suite 203, Eagle, ID 83616

(Street Address)

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

Name

Address

Melissa Young LCSW

99 E State St. Ste 203 Eagle Id 83616

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

7935 Stack Rock Drive, Boise, ID 83714

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

Typed Name: Melissa Young LCSW

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
02/28/2011 05:00
CK: 2457 CT: 255993 BH: 1261059
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