



ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED/EFFECTIVE
JUL 26 AM 9:06
STATE OF IDAHO
SECRETARY OF STATE

- The name of the professional limited liability company is: LIKELY SOLUTIONS, PLLC
- The professional LLC is organized for the practice in the profession of: Social Work
- The address of the initial registered office is: 496 Robie Creek Road, Boise, ID 83716
_____ and the name of the initial registered agent is: Lera Sheppard
- Management of the professional limited liability company will be vested in:
☐ Manager(s) ☒ Member(s)
- If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one manager. If management is to be vested in members, list the name(s) and address(es) of at least one initial member.

Name	Address
<u>Lera Sheppard</u>	<u>P.O. Box 6354, Boise, ID 83707</u>
_____	_____
_____	_____
_____	_____
_____	_____

- Signature(s) of at least one person responsible for forming the limited liability company:

Signature *Lera Sheppard*
 Typed Name LERA SHEPPEARD
 Capacity Member Manager

Signature _____
 Typed Name _____
 Capacity _____

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Revised 01/2001

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