



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE
2015 JUN 22 AM 9:20
**SECRETARY OF STATE
STATE OF IDAHO**

(Instructions on back of application)

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

~~Star~~ Fully Human, PLLC

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

3501 Nez PERCE

(Street Address)

BOISE, ID 83705

(Mailing Address, if different than street address)

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

SARAH SWANSON

(Name)

3501 Nez Perce BOISE, ID 83705

(Street Address)

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

JON WINTER

Name

Sarah Swanson

3501 Nez Perce BOISE, ID 83705

Address

3501 NEZ PERCE, BOISE, ID 83705

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

Same as above

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:

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

06/22/2015 05:00

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