



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 AUG -1 AM 9:02

SECRETARY OF STATE
STATE OF IDAHO

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

PSRayner PLLC

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

329 S WOODRUFF AVE IDAHO FALLS ID 83401

(Street Address)

(Mailing Address, if different than street address)

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

JOSHUA RAYNER

(Name)

329 S WOODRUFF AVE IDAHO FALLS 83401

(Street Address)

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

Name

Address

JOSHUA RAYNER

329 S WOODRUFF AVE IDAHO FALLS ID 83401

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

329 S WOODRUFF AVE IDAHO FALLS ID 83401

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: PSYCHOLOGY

Signature of a manager, member or authorized person.

Signature _____

Typed Name JOSHUA RAYNER

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/01/2013 05:00
CK: 1026 CT: 205942 BH: 1384370
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