

252



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

2013 SEP 27 PM 4: 27

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

ADVENTURE PLAY THERAPY CENTER PLLC

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

623 S UNIVERSITY BLVD NAMPA, ID 83686

(Street Address)

4681 N HIGH PRAIRIE PLACE STAR, ID 83669

(Mailing Address, if different than street address)

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

LORI A FAIRGRIEVE

(Name)

4681 N HIGH PRAIRIE PLACE STAR, ID 83669

(Street Address)

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

Name

Address

LORI A FAIRGRIEVE

4681 N HIGH PRAIRIE PL, STAR, ID 83669

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

4681 N HIGH PRAIRIE PLACE STAR, ID 83669

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: LORI A FAIRGRIEVE

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
09/27/2013 05:00
CK: 1563743 CT: 172099 BH: 1391869
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