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CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2010 JUN 17 AM 10:31

SECRETARY OF STATE
STATE OF IDAHO

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

Turning Leaf Psychotherapy PLLC

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

10877 N 44 E, Idaho Falls, ID 83401-5455

(Street Address)

(Mailing Address, if different than street address)

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

Katherine Gorrell

10877 N 44 E, Idaho Falls, ID 83401-5455

(Name)

(Street Address)

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

Name

Address

Katherine Gorrell

10877 N 44 E, Idaho Falls, ID 83401-5455

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

10877 N 44 E, Idaho Falls, ID 83401-5455

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 an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Signature

Typed Name:

Mike Jagoda

Signature

Typed Name:

Secretary of State use only

 a corporation/LLC formation fee, 100.00
 Revised 01/2008

 IDAHO SECRETARY OF STATE
 06/17/2010 05:00
 CK: 458423 CT: 172899 BH: 1227828
 1 @ 100.00 = 100.00 PROF LLC #

W94221