



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

09 NOV 25 AM 8:32

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Malone Counseling Service, PLLC

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

155 Main St., Suite C, Orofino, ID 83544

(Street Address)

P.O. Box 324, Orofino, ID 83544-0324

(Mailing Address, if different than street address)

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

Frederick James Malone

(Name)

312 McClain St., Craigmont, ID 83523

(Street Address)

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

Name

Address

Frederick James Malone

312 McClain St., P.O. Box 462, Craigmont, ID 83523

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

P.O. Box 324, Orofino, ID 83544-0324

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 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: Fred Malone

Signature

Typed Name:

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
11/25/2009 05:00
CK: 2202 CT: 242576 BH: 1196858
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