



# CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

**FILED EFFECTIVE**  
2016 MAY 12 AM 9:30

SECRETARY OF STATE  
STATE OF IDAHO

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

The Counseling and Neurofeedback Center LLC.

2. The complete street and mailing addresses of the principal office is:

2228 Candleridge Dr. Twin Falls ID 83301

(Street Address)

P.O. Box 5597 Twin Falls ID 83303

(Mailing Address, if different)

3. Name and street address of registered agent in Idaho:

William Anthony Kezele

2228 Candleridge Dr. Twin Falls ID 83301

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

Matthew Jordan Kezele

2228 Candleridge Dr. Twin Falls ID 83301

(Name)

(Address)

Robyn Kezele

2228 Candleridge Dr. Twin Falls ID 83301

(Name)

(Address)

Savannah Jane Kezele

2228 Candleridge Dr. Twin Falls ID 83301

(Name)

(Address)

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

P.O. Box 5597 Twin Falls ID 83303

(Address)

6. 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

7. Signature of a manager, member, or an organizer.

Printed Name: William Anthony Kezele

Signature:

Printed Name: Matthew Jordan Kezele

Signature:

Secretary of State use only

IDAHO SECRETARY OF STATE

05/12/2016 05:00

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