

Printed Name:

Mann Decsek

STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

Title 30, Chapters 21 and 23, Idaho Code Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2016 MAR 23 AM 9: 16

SECRETARY OF STATE

STATE OF IDAMS

 The name of the limited liability partnership is: IDAHO COUNSELING CENTER, LLP

(Remember to include the words "Limited Liability Partnership." "Registered Limited Liability Partnership," or the permitted abbreviations) (If the limited liability partnership is a <u>professional entity</u> (as indicated in #7) the name may include the word "professional" before the word "limited," or the letter "P" at the beginning of any of the permitted abbreviations.)

(Street Address) PO BOX 3624, NAMPA,	ID 83653	
(Mailing Address, if different)		
The street address of an office	e in this state, if any (if different fr	rom #2):
(Stroot Address)		
Name and street address of the MELODY AUSTIN	-	RD ST, NAMPA, ID 83686
(Nanie)	(Address)	
(Address) By filing this document with the	Secretary of State, the partnershi	p named herein elects to be a limited liability partnership.
By entering one of the profess document with the Secretary of	sions permitted by 30-21-901(b), f State, the partnership agrees that	Idaho Code, in the space below, and by filing this at it is duly licensed or otherwise legally authorized to sional limited liability partnership.
(If applicable, enter one o	of the permitted professional services her	e. *Check instructions for list of permitted professions)
Signatures of all partners:		Secretary of State use only
MELODY A. AUSTIN		IDAHO SECRETARY OF STATE 03/23/2016 05:00
ted Name:		CK:1023 CT:322208 BH:1520128
nature: Melady A.	Austin	· · ·