

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

2014 OCT 10 PM 4:34

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Meridian Neuropsychology, PLLC

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

3061 S. Meridian Road, Suite 100 Meridian, ID
 (Street Address) 83642

(Mailing Address, if different than street address)

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

Jason Southwick
 (Name)

3061 S. Meridian Rd, Ste 100
 (Street Address) Meridian, ID 83642

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

Jason Southwick
 Name

1910 E Summerplace Ct Meridian,
 Address ID 83646

5. Mailing address for future correspondence (annual report notices):
- Ste 100

3061 S. Meridian Rd, Meridian, ID 83642

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 a manager, member or authorized person.

Signature Jason SouthwickTyped Name: Jason Southwick

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/10/2014 05:00CK:599901903 CT:302068 BH:1444859
10 100.00 = 100.00 PROF LLC #2

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