



**CERTIFICATE OF ORGANIZATION
PROFESSIONAL
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2014 OCT 10 PM 4:36

SECRETARY OF STATE
STATE OF IDAHO

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 83642
(Street Address)

(Mailing Address, if different than street address)

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

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

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

<u>Jason Southwick</u>	<u>Name</u>	<u>1910 E Summerplace Ct</u>	<u>Address</u>
			<u>Meridian, ID 83646</u>

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 Southwick
Typed Name: Jason Southwick
Signature _____
Typed Name: _____

Secretary of State use only

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10/10/2014 05:00
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