



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**  
10 JAN 11 AM 8:26

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

KRISTEN WARE, LCPC, LLC

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

136 S. ACADEMY AVENUE EAGLE ID 83616  
(Street Address)

(Mailing Address, if different than street address)

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

KRISTEN WARE  
(Name)

5175 W. TOURNAMENT DR MERIDIAN ID  
(Street Address)

83646

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

**Name**

**Address**

KRISTEN WARE

5175 W. TOURNAMENT DR MERIDIAN ID 83646

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

136 S. ACADEMY AVENUE EAGLE ID 83616

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature KW

Typed Name: Kristen Ware

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

W 89662

IDAHO SECRETARY OF STATE  
01/11/2010 05:00  
CK: 192 CT: 125791 BH: 1282796  
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