



**CERTIFICATE OF ORGANIZATION FILED EFFECTIVE
PROFESSIONAL
LIMITED LIABILITY COMPANY**

2012 NOV -6 AM 9:08

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

MEANING CENTERED LIVING, PLLC

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

1332 ALBION AVE. BURLEY, ID 83318

(Street Address)

(Mailing Address, if different than street address)

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

ALICE I. LONG, DMin.

(Name)

1332 ALBION AVE. BURLEY, ID 83318

(Street Address)

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

Name

ALICE I. LONG, DMin.

Address

1332 ALBION AVE. BURLEY, ID 83318

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

1332 ALBION AVE. BURLEY, ID 83318

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 _____

Alice Long, DMin.

Secretary of State use only

Typed Name: ALICE LONG, DMin.

Signature _____

Typed Name: _____

IDAHO SECRETARY OF STATE
11/06/2012 05:00
CK: 402 CT: 275970 BH: 1346595
1 @ 100.00 = 100.00 PROF LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3