



# CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

**FILED EFFECTIVE**

2014 FEB 25 AM 8:47

SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

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

Lullaby Waters PLLC

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

179 E Old Saybrook Dr.; Boise, ID 83706

(Street Address)

(Mailing Address, if different than street address)

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

Nicole Nickell

(Name)

179 E Old Saybrook Dr.; Boise, ID 83706

(Street Address)

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

Name

Address

Nicole Nickell

179 E Old Saybrook Dr.; Boise, ID 83706

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

179 E Old Saybrook Dr.; Boise, ID 83706

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: Occupational Therapy

Signature of a manager, member or authorized person.

Signature Nicole Nickell

Typed Name: Nicole Nickell

Signature \_\_\_\_\_

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

Secretary of State use only

IDAHO SECRETARY OF STATE  
02/25/2014 05:00  
CK: 1714816 CT: 172899 BH: 1412128  
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