



# CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

2014 JAN -2 AM 9:54

 SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

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

 Wellness Springs Counseling LLC

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

1034 N. 3rd Street, Suite 2E Coeur d'Alene, ID 83814

(Street Address)

P.O. Box 139 Coeur d'Alene, ID 83816

(Mailing Address, if different than street address)

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

Shannon McNamara

(Name)

1034 N. 3rd Street, Suite 2E Coeur d'Alene, ID 83814

(Street Address)

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

**Name****Address**

Shannon McNamara

1034 N. 3rd Street, Suite 2E Coeur d'Alene, ID 83814

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

P.O. Box 139 Coeur d'Alene, ID 83816

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: Social Work

Signature of a manager, member or authorized person.

Signature

Typed Name: Shannon McNamara

Signature

Typed Name:

Secretary of State use only

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 IDAHO SECRETARY OF STATE  
01/02/2014 05:00  
CK: 1009 CT: 291212 BH: 1403979  
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