



ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED/EFFECTIVE

01 AUG 24 AM 8:44

SECRETARY OF STATE
STATE OF IDAHO
ALPINE MENTAL HEALTH, PLLC

- The name of the professional limited liability company is: _____
- The professional LLC is organized for the practice in the profession of: mental health counseling
- The address of the initial registered office is: 175 South Second West, Rexburg, Idaho 83440 and the name of the initial registered agent is: Joanne Wood-Poole

- Management of the professional limited liability company will be vested in:

☐ Manager(s) ☒ Member(s)

- If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one manager. If management is to be vested in members, list the name(s) and address(es) of at least one initial member.

Name

Address

Joanne Wood-Poole

175 S. 2nd W., Rexburg, ID 83440

- Signature(s) of at least one person responsible for forming the limited liability company:

Signature

Joanne Wood-Poole

Typed Name

Joanne Wood-Poole

Capacity

Member

Signature

Typed Name

Capacity

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Revised 01/2001

IDAHO SECRETARY OF STATE
08/24/2001 05:00
CK: 16250 CT: 84469 BH: 415383
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