



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE PROFESSIONAL LIMITED LIABILITY COMPANY

2013 OCT 28 AM 9:15

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Cynthia M. Andrews LLC, PLLC

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

2498 N Stokesberry Place Meridian ID 83646
(Street Address)

P.O. Box 140193 Garden City ID 83714
(Mailing Address, if different than street address)

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

Cynthia M Andrews
(Name)

2498 N Stokesberry Pl
(Street Address)
Meridian ID 83646

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

Name	Address
<u>Cynthia M Andrews</u>	<u>PO Box 140193 Garden City</u>
	<u>ID 83714</u>

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

P.O. Box 140193 Garden City ID 83714

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: mental health counseling/psychology

Signature of a manager, member or authorized person.

Signature Cynthia M Andrews

Typed Name: Cynthia M Andrews

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/28/2013 05:00
CK: 2283 CT: 289061 BH: 1395781
1 @ 100.00 = 100.00 PROF LLC # 2

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