



**CERTIFICATE OF ORGANIZATION
PROFESSIONAL
LIMITED LIABILITY COMPANY**

2013 JAN -2 PM 1:16

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Linhart Counseling PLLC

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

2523 Summercrest Street

(Street Address)

Caldwell ID 83607

(Mailing Address, if different than street address)

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

Natalie Linhart

(Name)

2523 Summercrest Street, Caldwell, ID 83607

(Street Address)

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

Name**Address**

Natalie Linhart

2523 Summercrest Street, Caldwell, ID 83607

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

2523 Summercrest Street, Caldwell, ID 83607

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: Professional Counseling

Signature of a manager, member or authorized person.

Signature Natalie LinhartTyped Name: Natalie Linhart

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
01/02/2013 05:00
 CK: 1241237 CT: 172099 BH: 1353841
 1 @ 100.00 = 100.00 PROF LLC # 2

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