

Signature: KBourner

Printed Name: ___

Signature: ___

CERTIFICATE OF ORGANIZATION **PROFESSIONAL** LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed Complete and submit the application in duplicate.

FILED EFFECTIVE 2017 FEB -3 PM 2: 15 SECRETARY OF STATE STATE OF IDAHO

| 1. | The name of the professional limited liability company is: Ka Baumer Counseling, PLLC The complete street and mailing addresses of the principal office is: 414 North Lincoln Suite #2, Jerome, Idaho 83338 (Street Address) | | |
|-----|--|--------------------------------------|-----------------------------|
| | | | |
| 2. | | | |
| | (Mailing Address, if different) | | |
| | (Managy Caraos, II amai stay | | |
| 3. | Name and street address of registered agent <u>in Idaho</u> : | | |
| | Ka-Sia Baumer | 305 Teton Drive, Jerome, Idaho 83338 | |
| | (Name) | (Address) | |
| 4. | The name and address of at least one governor of the limited liability company: | | |
| | Ka-Sia Baumer | 305 Teton Drive, Jerome, Idaho 83338 | |
| | (Name) | (Address) | |
| | (Name) | (Address) | |
| | (Name) | (Address) | |
| 5. | Mailing address for future correspondence (annual report notices): | | |
| | 414 North Lincoln Suite #2, Jerome, Idaho 83338 | | |
| | (Address) | | |
| ð. | 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 | | |
| | | | Occupied of State was paid |
| 7. | Signature of a manager, man | mber or an organizer | Secretary of State use only |
| ٠. | | | IDAMO SECRETARY OF STATE |
| Pri | nted Name: Ka-Sia Baumer | | 00/00/0010 05.00 |

02/03/2017 05:00

CK:107 CT:334188 BH:1567297 10 100.00 = 100.00 PROF LLC #2 16 20.00 = 20.00 EXPEDITE C #3