



# **CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY**

(Instructions on back of application)

10 AUG 30 AM 8:38  
SECRETARY OF STATE  
STATE OF IDAHO

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

Willow Springs Counseling, PLLC

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

3000 Seltice Way, Post Falls, Idaho 83854

(Street Address)

(Mailing Address, if different than street address)

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

Julie D. Walker

(Name)

3000 Seltice Way, Post Falls, Idaho 83854

(Street Address)

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

Name

Address

Betty J. Magnus, LCPC

3000 Seltice Way, Post Falls, Idaho 83854

Julie King, MEd, CRC

3000 Seltice Way, Post Falls, Idaho 83854

Julie D. Walker, MEd, CRC, LPC

3000 Seltice Way, Post Falls, Idaho 83854

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

3000 Seltice Way, Post Falls, Idaho 83854

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

*Julie D. Walker, MEd, CRC, LPC*

Typed Name: Julie D. Walker, MEd, CRC, LPC

Signature

*Julie King, MEd, CRC*

Typed Name: Julie King, MEd, CRC

Secretary of State use only

IDAHO SECRETARY OF STATE  
08/30/2010 05:00  
CK: 2072 CT: 250791 BH: 1236776  
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