



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.

2018 AUG -6 AM 9:54
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the professional limited liability company is:
Arvella Keen Wellness PLLC

2. The complete street and mailing addresses of the principal office is:
1026 Bear Ave Idaho Falls ID 83402

(Street Address)

(Mailing Address, if different)

3. Name and street address of registered agent in Idaho:
Melanie Fowers 4831 Greystone Lane Idaho Falls ID 83404

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:
Melanie Fowers 4831 Greystone Lane Idaho Falls ID 83404

(Name)

(Address)

Teriann Parker

1026 Bear Ave Idaho Falls ID 83402

(Name)

(Address)

(Name)

(Address)

5. Mailing address for future correspondence (annual report notices):
1026 Bear Ave Idaho Falls ID 83402

(Address)

6. 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

7. Signature of a manager, member, or an organizer.
Melanie Fowers

Printed Name: _____

Signature: _____

Teriann Parker

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/06/2018 05:00

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