



**CERTIFICATE OF ORGANIZATION FILED EFFECTIVE  
PROFESSIONAL  
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

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

Cutler Case Management PLLC

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

1398 Sodero Ln Pocatello, ID 83204

(Street Address)

Same as above

(Mailing Address, if different than street address)

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

Natasha Cutler

(Name)

1398 Sodero Ln, Poc ID 83204

(Street Address)

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

Natasha Cutler

Name

Address

1398 Sodero Ln, Poc ID 83204

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

1398 Sodero Ln, Pocatello, ID 83204

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 - 26814 (Service coordination)

Signature of an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Secretary of State use only

Signature: Natasha Cutler, (SW)

Typed Name: Natasha Cutler, (SW)

Signature: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Printed LLC Form 100, 02-10-04  
Revised 07/2005

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04/05/2010 05:00  
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