





## STATE OF IDAHO Office of the secretary of state, Phil McGrane CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

## -FILED-

File #: 0005656114

Date Filed: 3/21/2024 1:38:23 PM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (see descriptions below)		Expedited (+\$40; filing fee \$140)	
1. Limited Liability Company Name			
Type of Limited Liability Company		Professional Limited Liability Company	
Entity name		Lehman Counseling PLLC	
Profession	arafagaian of	Psychology	
The business is organized to practice the			
2. The complete street address of the principal office is	:	704 O OLEADWATED LO	
Principal Office Address		784 S. CLEARWATER LOOP STE B	
		POST FALLS, ID 83854	
3. The mailing address of the principal office is:			
Mailing Address		784 S CLEARWATER LOOP	
		STE B POST FALLS, ID 83854-9	9599
4. Registered Agent Name and Address			
Registered Agent		NORTHWEST REGISTERED AGENT LLC	
		Commercial Registered A	gent
		Physical Address	
		784 S CLEARWATER LOOP STE B POST FALLS, ID 83854	
		Mailing Address	
		784 S CLEARWATER LOOP STE B POST FALLS, ID 83854	
☑ I affirm that the registered agent appo	inted has consented	I to serve as registered ager	nt for this entity.
5. Governors			
Name	Address		
Nathan Lehman	784 S. CLEARWATER LOOP STE B POST FALLS, ID 83854		
	1 OST FALLS, ID	UUUJ4	
Signature of Organizer:			
N 10 ''I			00/04/000
Nat Smith, on behalf of Northwest R	egistered Agent	LLC	03/21/2024
Sign Here		-	Date