







STATE OF IDAHO

Office of the secretary of state, Lawerence Denney 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 #: 0004503806

Date Filed: 11/22/2021 12:06:18 PM

| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same descriptions below) | e Day Service (see | Standard (filing fee \$100) | |
|---|-----------------------------|--|--|
| 1. Limited Liability Company Name | | | |
| Type of Limited Liability Company | | Limited Liability Company | |
| Entity name | | Palmer Counseling and Consulting, LLC | |
| 2. The complete street address of the principal office is | s: | | |
| Principal Office Address | | 2425 E. 500 N. SAINT ANTHONY, ID 83445 | |
| 3. The mailing address of the principal office is: | | | |
| Mailing Address | | 2425 E 500 N SAINT ANTHONY, ID 83445-5720 | |
| 4. Registered Agent Name and Address | | | |
| Registered Agent | | Registered Agent | |
| | | Richard J Palmer | |
| | | Physical Address: 2425 E. 500 N. | |
| | | SAINT ANTHONY, ID 83445 | |
| | | Mailing Address: | |
| | | 2425 E 500 N | |
| | | SAINT ANTHONY, ID 83445-5720 | |
| ☑ I affirm that the registered agent appo | ointed has consented to | o serve as registered agent for this entity. | |
| 5. Governors | | | |
| Name | | Address | |
| | - · · · - · · · · | | |
| Richard J Palmer | 2425 E. 500 N SAINT ANTH | v. ONY, ID 83445 | |
| Richard J Palmer Signature of Organizer: | | | |
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