

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

2013 FEB 14 AM 9: 34

	(Instructions on back of application)				SHARFTARY OF STATE	
1. The r	The name of the professional limited liability company is:				SECRETARY OF STATE STATE OF IDAHO	
JLC, PHD, PLLC						
2. The c	2. The complete street and mailing addresses of the initial designated office:					
1246	1246 Yellowstone, Ste C5					
	et Address atello, ID					
		s, if different than street address)				
3. The r	The name and complete street address of the registered agent:					
John	L. Christ	ensen, PhD	13235 N Manning Lane, Pocatello, ID 83202			
(Nan	(Name)		(Street Address)			
liabilit	ty comp	nd address of at least or any: Name ensen, PhD		or manager of the p Address Ining Lane, Pocatello, le		
1246	1246 Yellowstone, Ste C5, Pocatello, Idaho 83201					
o. Futur	6. Future effective date of filing (optional):					
profe	ssions fo	ability company is a pro or which members are du services is: Psychology		•		
Signature person.	ofar	nanager, member or a	authorized			
F 0.00	<u> </u>	\sim		Secretary	of State use only	
Signature	-A 6	H. Get				
Typed Na	me: Jol	nn L. Christensen, PhD				
Signaturo						

IDAHO SECRETARY OF STATE

02/14/2013 05:00

CK: 8203 CT: 2982 BH: 1368344

1 8 100.00 = 100.00 PROF LLC # 2

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Typed Name: