





## **STATE OF IDAHO**

Office of the secretary of state, Phil McGrane

## FOREIGN REGISTRATION STATEMENT (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 #: 0006116269

Address

5215 ROAD 6.6 NE

MOSES LAKE, WA 98837-9292

Date Filed: 3/7/2025 5:41:49 PM

Foreign Registration Statement (Limited Liability Company) Select one: Standard, Expedited or Same Day Service (see descriptions below)	Standard (filing fee \$100)	
The name this limited liability company will use in Idaho is:     Type of Limited Liability Company     Entity name     Traverse Therapy Services PLLC	Foreign Professional Limited Liability Company Traverse Therapy Services PLLC	
Profession The business is organized to practice the profession of:	Social Work	
Home Jurisdiction     The jurisdiction of formation is:	WASHINGTON	
The street address of its domestic principal office (if required by the laws of the Street Address	e jurisdiction of formation) is: 11416 SLATER AVE STE 201 KIRKLAND, WA 98033	
The mailing address of its domestic principal office (if required by the laws of t Mailing Address	he jurisdiction of formation) is: PO BOX 1895 EVERETT, WA 98206-1895	
The complete street address of the principal office is:     Principal Office Address	5 ROSS FORK ROAD POCATELLO, ID 83202	
6. The mailing address of the principal office is: Mailing Address	PO BOX 1895 EVERETT, WA 98206-1895	
7. Registered Agent Name and Address Registered Agent	NORTHWEST REGISTERED AGENT LLC Commercial Registered Agent 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 appointed has consented to serve as registered agent for this entity.		

Title

Managing Member

Signature of individual authorized by the entity to sign:

Name

Catherine Southard

8. Governors



Travis Southard	03/07/2025
Sign Here	Date
Job Title: Manager	

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I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

## **CERTIFICATE OF EXISTENCE**

**OF** 

## TRAVERSE THERAPY SERVICES PLLC

**I CERTIFY** that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 04/21/2020.

**I FURTHER CERTIFY** that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

**I FURTHER CERTIFY** that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

**I FURTHER CERTIFY** that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 02/21/2025 UBI Number: 604 602 068

R Hobbe



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 02/21/2025