



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 MAR 19 PM 2:04

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Kathy Crawford, LCSW, Counseling Office, LLC

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

1104 Ironwood Drive, Coeur d' Alene, Id 83814

(Street Address)

(Mailing Address, if different than street address)

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

Kathy Crawford, LCSW

(Name)

1104 Ironwood Drive

(Street Address)

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

Name

Address

KathyCrawford, LCSW

1104 Ironwood Drive, Coeur d' Alene, Id 83814

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

1104 Ironwood Drive, Coeur d' Alene, Id 83814

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature Kathy Crawford, LCSW

Typed Name: Kathy Crawford, LCSW

Signature \_\_\_\_\_

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

Secretary of State use only

IDAHO SECRETARY OF STATE  
03/19/2012 05:00  
CK: 2536 CT: 268337 BH: 1315877  
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