

## **CERTIFICATE OF ORGANIZATION PROFESSIONAL** LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2817 AUG 18 AM 9: 07

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed Complete and submit the application in duplicate.

1.	The name of the professional limited liability company is:  New Beginnings Counseling and Support Services PLLC		
2.	The complete street and mailing addresses of the principal office is:  1002 Idaho St.  IStreet Address)  Lewiston ID 83501		
	3.	Name and street address of registered agent <u>in Idaho</u> :	
Elaine B Dufford		830 Pine St. Lewiston ID 83501	
(Name)		(Address)	
4.	The name and address of at least one governor of the limited liability company:		
	Stephanie L Beidman	910-3rd St. Clarkston WA 99403	
	(Neme)	(Address)	
	Elaine B Dufford	830 Pine St. Lewiston ID 83501	
	(Name)	(Address)	
	(Nams)	(Address)	
5.	Mailing address for future correspondence (annual report notices):		
	1002 Idaho St. Lewiston ID 83501		
	(Address)		
6.	The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is:		
	Social Work		
		İ	Secretary of State use only
7.	Signature of a manager, memb	er, or an organizer.	IDAHO SECRETARY OF STATE
	Elaine B Dufford		19ARO SECRETART OF STATE 00/10/2017 05:00

08/18/2017 05:00

CK:4413 CT:344337 BH:1598852 10 100.00 = 100.00 PROF LLC #2 1@ 20.00 = 20.00 EXPEDITE C #3

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Stephanie L Beidman Printed Name:

Printed Name:

Signature:

Rev. 08/2015