



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 OCT 14 AM 9:55

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Professional Counseling and Recovery Support, LLC

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

2 North Main Street, Payette, ID 83661

(Street Address)

2186 6th Ave S., Payette, ID 83661

(Mailing Address, if different than street address)

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

Anne Mallory, LPC, ACADC

(Name)

2186 6th Ave S., Payette, ID 83661

(Street Address)

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

Name

Address

Anne Mallory, LPC, ACADC

2186 6th Ave S. Payette, ID 83661

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

Anne Mallory, 2186 6th Ave S., Payette, ID 83661

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Anne Mallory, LPC, ACADC

Typed Name: Anne Mallory, LPC, ACADC

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

10/14/2014 05:00

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