



**CERTIFICATE OF ORGANIZATION
PROFESSIONAL
LIMITED LIABILITY COMPANY**

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

FILED EFFECTIVE

2017 JUN 27 PM 3:34

**SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the professional limited liability company is:

Bare Roots Counseling, PLLC

2. The complete street and mailing addresses of the principal office is:

210 Fairmont Dr Weiser ID 83672

(Street Address)

PO Box 488 Weiser ID 83672

(Mailing Address, if different)

3. Name and street address of registered agent in Idaho:

Lacey J. MacKenzie-Yraguen

210 Fairmont Dr. Weiser, ID 83672

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

Lacey J. MacKenzie-Yraguen

PO Box 488 Weiser, ID 83672

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

PO Box 488 Weiser, ID 83672

(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

Secretary of State use only

7. Signature of a manager, member, or an organizer.

Printed Name: Lacey J. MacKenzie-Yraguen

Signature:

Printed Name: _____

Signature: _____

IDAO SECRETARY OF STATE
06/27/2017 05:00
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