

FILED EFFECTIVE

251



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2011 APR 15 PM 2:03

CLERK OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Robin Cogan, LCSW LLC

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

4696 W. Overland, suite 132, Boise, ID 83705

(Street Address)

(Mailing Address, if different than street address)

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

Robin Cogan

(Name)

4696 W. Overland suite 132

(Street Address)

Boise ID 83705

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

Name

Address

Robin Cogan4696 W. Overland, suite 132

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

4696 W. Overland, suite 132, Boise ID 83705

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

Signature of a manager, member or authorized person.

Signature Robin CoganTyped Name: Robin Cogan

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/15/2011 05:00
CK: 10491 CT: 257833 BH: 1269484
1 @ 100.00 = 100.00 ORGAN LLC # 2

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