



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2013 MAY 13 AM 9:28

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Laura Learned, Speech-Language Pathologist, LLC

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

5355 S. Pegasus Way, Boise, ID 83716

(Street Address)

(Mailing Address, if different than street address)

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

Laura Learned

(Name)

5355 S. Pegasus Way

(Street Address)

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

Name

Address

Laura Learned

5355 S. Pegasus Way, Boise, ID 83716

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

5355 S. Pegasus Way, Boise, ID 83716

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

Signature of a manager, member or authorized person.

Signature

Learned

Typed Name: Laura Learned

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
05/13/2013 05:00
CK: 1661 CT: 283101 BH: 1373629
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