



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2015 FEB 12 AM 8:50

(Instructions on back of application)

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

SECRETARY OF STATE
STATE OF IDAHO

Dustin Mays, LMSW, PLLC

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

684 B N. 9th st, Boise ID, 83702

(Street Address)

684 B N. 9th st. Boise, ID 83702

(Mailing Address, if different than street address)

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

Dustin Mays

(Name)

1207 E. Logan st Caldwell, ID 83605

(Street Address)

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

Name	Address
<u>Dustin Mays</u>	<u>1207 E. Logan st Caldwell, ID 83605</u>
_____	_____
_____	_____

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

1207 E. Logan st. Caldwell, ID 83605

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

7. 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

Signature of a manager, member or authorized person.

Signature [Handwritten Signature]

Typed Name: Dustin Mays

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
02/12/2015 05:00

CK:149 CT:306345 BH:1461503
1@ 100.00 = 100.00 PROF LLC #2

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