

# ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

S9 DEC 17 AM 10:00



STATE OF IDAHO

1. The name of the professional limited liability company is: Child and Family Enrichment Center, PLLC

2. The professional limited liability company is organized for the practice of the profession(s) of: Mental health out-patient services

3. The address of the initial registered office is 619 S Washington Ave, Suite 301  
(not a PO Box)

, and the name of the initial registered agent at that address is Marie Burns Griffiths

Signature of registered agent: Marie Burns Griffiths MSW DCSW

4. Is management of the limited liability company vested in a manager or managers?  
☒ Yes ☐ No (check appropriate box)

5. If management is vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is vested in the members, list the name(s) and address(es) of at least one member.

Name:

Address:

Marie Burns Griffiths

Child and Family Enrichment Center

619 S. Washington Ave, Ste. 301

Moscow, Idaho 83843

6. Signature(s) of at least one person listed in #6 above:

Marie Burns Griffiths MSW DCSW

IDAHO SECRETARY OF STATE

Secretary of State use only  
12/17/1999 09:00  
CK: 2234 CT: 124165 BH: 274433

1 @ 100.00 = 100.00 PROF LLC # 2

9 Corp/Prof LLC3 P65 Revised 5/97

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