

FILED EFFECTIVE



# CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 DEC 22 PM 12:52  
 SECRETARY OF STATE  
 STATE OF IDAHO

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

Kristy Kuehfuss, PhD, PLLC

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

1070 N. Curtis Rd., Suite 210, Boise, ID 83706

(Street Address)

(Mailing Address, if different than street address)

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

Kristy Kuehfuss, PhD

(Name)

1070 N. Curtis Rd., Suite 210, Boise, ID 83706

(Street Address)

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

Name

Address

Kristy Kuehfuss, PhD

2298 W Sunnyslope Dr., Meridian, ID 83842

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

1070 N. Curtis Rd., Suite 210, Boise, ID 83706

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: Psychological Services

Signature of an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Kristy Kuehfuss, PhD

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

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 12/22/2008 05:00  
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 Revised 07/2008