



CERTIFICATE OF ORGANIZATION **FILED EFFECTIVE** **PROFESSIONAL** **2015 JUN 24 PM 1:39** **LIMITED LIABILITY COMPANY**

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Leah Moeller, PLLC

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

950 Ironwood Dr. Ste 6 Coeur d'Alene, ID 83814

(Street Address)

2429 N. Rawhide Ridge Road Post Falls, ID 83854

(Mailing Address, if different than street address)

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

Leah Moeller

(Name)

2429 N. Rawhide Ridge Road Post Falls, ID 83854

(Street Address)

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

Name

Address

Leah Moeller

2429 N. Rawhide Ridge Road Post Falls, ID 83854

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

2429 N. Rawhide Ridge Road Post Falls, ID 83854

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

Leah Moeller

Typed Name: Leah Moeller

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

06/24/2015 05:00

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