Signature:

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2016 DEC 12 AM 10: 59

SECRETARY OF STATE STATE OF IDAHO

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed Complete and submit the application in <u>duplicate</u>.

		12, (1)()
The name of the professional lin	nited liability company is:	
Hannah Nixon LLC		
The complete street and mailing	addresses of the principal office is	s:
1809 E Sherman, Coeur D)' Alene ID 83814	
(Street Address)		
(Mailing Address, if different)		
Name and street address of reg	istered agent in Idaho:	
1809 E Sherman, Coeu		aah Nixon
(Name)	(Address)	
The name and address of at lea	ast one governor of the limited liabi	lity company:
Hannah Nixon	9067 N Blossom Dr. Hayden ID 83835	
(Name)	(Address)	
(Name)	(Address)	
(Name)	(Address)	
Mailing address for future corre	spondence (annual report notices):	:
9067 N Blossom Dr. Hayde		
(Address)		
		rincipal profession or professions for which members are
duly licensed or otherwise legal	ly authorized to render professiona	Il services is:
	Psychologist	
		Constant of Chat
Signature of a manager, me	ember or an organizer	Secretary of State use only
Hannah Nixon		IDAHO SECRETARY OF STATE
rinted Name:		12/12/2016 05:00
Neude	1:	CK:107 CT:332199 BH:1559147
gnature: Administration of the second		1@ 100.00 = 100.00 PROF LLC #:
Hannah Nixor inted Name:	1	
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Rev. 08/2015