

FILED EFFECTIVE



**CERTIFICATE OF ORGANIZATION
PROFESSIONAL
LIMITED LIABILITY COMPANY**

2013 APR 15 PM 2: 26

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

1. The name of the professional limited liability company is:
Bud to Blossom Therapy PLLC

2. The complete street and mailing addresses of the initial designated/principal office:
613 W. 300 S., Blackfoot, Idaho 83221

(Street Address)

(Mailing Address, if different than street address)

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

United States Corporation Agents, Inc.
(Name)

943 West Overland Road, Meridian, ID 83642
(Street Address)

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

Name	Address
Samantha Irene Hill	613 W. 300 S., Blackfoot, Idaho 83221
Jeremy G. Hill	613 W. 300 S., Blackfoot, Idaho 83221

5. Mailing address for future correspondence (annual report notices):
613 W. 300 S., Blackfoot, Idaho 83221

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: **Occupational Therapist**

Signature of a manager, member or authorized person.

Signature _____
Typed Name: **Karla Figueroa, Legalzoom.com, Inc.**

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/15/2013 05:00
CK: 1362621 CT: 172899 BH: 1369530
1 @ 100.00 = 100.00 PROF LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W124165