



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 SEP 15 PM 12:07

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Hill Speech & Language Therapy LLC.

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

400 N. 9th Challis, ID 83226

(Street Address)

PO Box 1355 Challis, ID 83226

(Mailing Address, if different than street address)

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

Molly Lee Hill

(Name)

400 N. 9th Challis, ID 83226

(Street Address)

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

Name	Address
Molly Lee Hill	PO Box 1355 Challis, ID 83226

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

PO Box 1355 Challis, ID 83226

6. Future effective date of filing (optional): 09/15/2014

Signature of a manager, member or authorized person.

Signature Molly Lee Hill MS CCC-SLP

Typed Name: Molly Lee Hill

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/15/2014 05:00

CK:1008 CT:301142 BH:1441310

1@ 30.00 = 30.00 CONVERSION #3

W142175

FILED EFFECTIVE

STATEMENT OF CONVERSION

2014 SEP 15 PM 12:07

1. Converting Entity Name: Hill Speech & Language Therapy INC. SECRETARY OF STATE
Jurisdiction: Idaho STATE OF IDAHO
Entity Type: S Corp
2. Converted Entity Name: Hill Speech & Language Therapy LLC.
Jurisdiction: Idaho
Entity Type: Single member LLC.
3. Effective Date of Conversion: 09/15/2014
4. The converting entity is a domestic filing entity and the text of its public organic document is attached.

Hill Speech & Language Therapy LLC.

Molly Hill MS. CCC-SLP

By: Molly Hill, M.S., CCC-SLP

Title: Manager

IDAHO SECRETARY OF STATE

09/15/2014 05:00

CK:1008 CT:301142 BH:1441310
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