

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

2012 JUL -5 AM 9:15

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

RIVERPLACE COUNSELING & WELLNESS PLLC

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

307 St. John's Way, Suite 3, Lewiston, Idaho 83501

(Street Address)

(Mailing Address, if different than street address)

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

Charles A. Brown

(Name)

324 Main Street, Lewiston, Idaho 83501

(Street Address)

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

Name

Address

Ingrid S. Blinn

307 St. John's Way, Suite 3, Lewiston, Idaho 83501

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

P.O. Box 1225, Lewiston, Idaho 83501

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 *Ingrid S. Blinn*

Typed Name: Ingrid S. Blinn, Member

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
07/05/2012 05:00
CK: 0250 CT: 25571 BH: 1330851
1 @ 100.00 = 100.00 PROF LLC # 2

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