



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 DEC 29 AM 8:58

SECRETARY OF STATE
STATE OF IDAHO

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

Joan Kauffman Counseling, PLLC

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

140 River Vista Place, Twin Falls, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

Joan Kauffman

(Name)

140 River Vista Place, Twin Falls, ID 83301

(Street Address)

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

Name

Address

Joan Kaufman

140 River Vista Place, Twin Falls, ID 83301

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

140 River Vista Place, Twin Falls, ID 83301

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: Counseling

Signature of a manager, member or authorized person.

Signature Joan Kauffman, DCP

Typed Name: Joan Kauffman

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/29/2011 05:00
CK: 3164 CT: 288055 BN: 1383606
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