





## STATE OF IDAHO Office of the secretary of state, Phil McGrane CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

## -FILED-

File #: 0005798283

07/03/2024

Date

Date Filed: 7/3/2024 11:34:10 AM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Se descriptions below)	ervice (see Expedited (+\$40; filing fee \$140)
1. Limited Liability Company Name	
Type of Limited Liability Company	Limited Liability Company
Entity name	Psychology Post-Doc LLC
2. The complete street address of the principal office is:	
Principal Office Address	252 NORTH SHILLING
	APARTMENT 4 BLACKFOOT, ID 83221
	<u> </u>
The mailing address of the principal office is:     Mailing Address	252 N SHILLING AVE
Mailing Address	APT 4
	BLACKFOOT, ID 83221-2364
4. Registered Agent Name and Address	
Registered Agent	Registered Agent
	William Dale Goulart
	Physical Address: 252 NORTH SHILLING
	APARTMENT 4
	BLACKFOOT, ID 83221
	Mailing Address: 252 N SHILLING AVE
	APT 4
	BLACKFOOT, ID 83221-2364
I affirm that the registered agent appointed ha	s consented to serve as registered agent for this entity.
Name	Address
William Dale Goulart	252 NORTH SHILLING APARTMENT 4
	BLACKFOOT, ID 83221

William Dale Goulart

Sign Here