



# CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 FEB 17 AM 10:00

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Greg Lee, LCPC, LLC

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

3259 North Treaty Rock BLVD, Post Falls, ID 83854

(Street Address)

(Mailing Address, if different than street address)

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

Gregory R. Lee

(Name)

3259 North Treaty Rock Blvd, Post Falls, ID 83854

(Street Address)

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

**Name**

**Address**

Gregory R. Lee

3259 North Treaty Rock Blvd, Post Falls, ID 83854

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

3259 North Treaty Rock Blvd, Post Falls, ID, 83854

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: Gregory R. Lee

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

02/17/2015 05:00

CK:1486 CT:306529 BH:1462131

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