



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 OCT 13 AM 8:59

SECRETARY OF STATE
STATE OF IDAHO

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

Teresa Belnap-Hazen, PLLC

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

445 W. Chubbuck Rd. Suite C Chubbuck, Idaho 83202

(Street Address)

P.O. Box 5518 Chubbuck, Idaho 83202

(Mailing Address, if different than street address)

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

Teresa Belnap-Hazen

(Name)

445 W. Chubbuck Rd. Suite C Chubbuck, Id 83202

(Street Address)

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

Name

Address

Teresa Belnap-Hazen

445 W. Chubbuck Rd. Suite C Chubbuck, Id 83202

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

P.O. Box 5518 Chubbuck, Id 83202

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: Liscensed Clinical Social Worker

Signature of an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Signature

Typed Name: Teresa Belnap-Hazen

Signature

Typed Name: _____

Secretary of State use only

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10/13/2009 05:00
CK: 1388 CT: 241389 BH: 1198747
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