

Signature: \_\_

## **CERTIFICATE OF ORGANIZATION PROFESSIONAL** LIMITED LIABILITY COMPANY

FILED EFFECTIVE 2016 SEP - 1 AM 11: 17

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed Complete and submit the application in duplicate.

SECRETARY OF STATE

	·		STATE OF IDAHO
1. The nam	e of the professional l	limited liability company is:	
K&M M	K&M Mental Health Services PLLC		
2. The com	nlete street and mailin	ng addresses of the principal office	ie
	The complete street and mailing addresses of the principal office is:  1111 S.Orchard St. Ste. 254 Boise ID 83705		
(Street Add			
(Mailing Ad	ddress, if different)		· · · · · · · · · · · · · · · · · · ·
3. Name ar	Name and street address of registered agent <u>in Idaho</u> :		
Khalid	Khalid Ameri 1111 S.Orchard St. Ste. 254 Boise ID 83705		
(Name)		(Address) .	
4. The nam	ne and address of at le	east one governor of the limited liab	ility company:
Khalid .	Ameri	1111 S.Orchard St. Ste. 254 Boise ID 83705	
(Name)		(Address)	
(Name)		(Address)	
(Name)		(Address)	
5. Mailing a	Mailing address for future correspondence (annual report notices):		
1111 S	. Orchard St. Boise	e ID 83705	
(Address)	)		
		a professional company, and the p lly authorized to render professiona	rincipal profession or professions for which members are al services is:
		Social Work	
			Secretary of State use only
7. Signa	ature of a manager, m	ember, or an organizer.	
Printed Name	Khalid Ameri		
			IDAMO SECRETARY OF STATE 09/01/2016 05:00
Signature:	new p		CK:1236 CT:328548 BH:1544478
Printed Name:			16 100.00 = 100.00 PROF LLC #2

Rev. 08/2015

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