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-FILED-

File #: 0005256404

Date Filed: 6/2/2023 8:26:26 AM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service descriptions below)	(see Expedited (+\$40; filing fee \$140)
. Limited Liability Company Name	
Type of Limited Liability Company	Professional Limited Liability Company
Entity name	Starlight Psychological Services, PLLC
Profession	
The business is organized to practice the profession of:	Psychology
2. The complete street address of the principal office is:	
Principal Office Address	DR. ASHLEY WASILEWSKI
	101 PARK AVE
	8 IDAHO FALLS, ID 83402
	10/11/0 1 ALLO, 10 00 <del>1</del> 02
3. The mailing address of the principal office is:	0000 010 04071 5111
Mailing Address	3000 OLD CASTLE LN IDAHO FALLS, ID 83404-7346
	IDANO FALLS, ID 03404-7340
Registered Agent Name and Address	
Registered Agent	Registered Agent
	Dorian Asher
	Physical Address: DR. ASHER
	3000 OLD CASTLE LANE
	IDAHO FALLS, ID 83404
	Mailing Address:
	DR. ASHER
	3000 OLD CASTLE LN
	IDAHO FALLS, ID 83404-7346
I affirm that the registered agent appointed has con	sented to serve as registered agent for this entity.
5. Governors	
Name	Address
Ashley Wasilewski 300	0 OLD CASTLE LANE
	HO FALLS, ID 83404
Signature of Organizer:	
Ashley Wasilewski	06/02/2023
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