



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

**FILED EFFECTIVE**

2014 JUL 15 PM 4:14

 SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

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

Karen Toerne, PLLC

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

919 N. 20th St. Boise, ID 83702

(Street Address)

(Mailing Address, if different than street address)

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

Karen Toerne

(Name)

919 N. 20th St. Boise, ID 83702

(Street Address)

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

Name
Address
Karen Toerne
919 N. 20th St. Boise, ID 83702

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

919 N. 20th St. Boise, ID 83702

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: Psychology

Signature of a manager, member or authorized person.

Signature

 Typed Name: Karen Toerne

Signature

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

Secretary of State use only

IDAHO SECRETARY OF STATE

07/16/2014 05:00

CK:171 CT:299004 BH:1433330

1@ 100.00 = 100.00 PROF LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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