

Capacity _____

ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

07 OCT 25 AM 9: 1

SECRETARY OF STATE

(Instructions on back of application) STATE OF IDAHO The name of the professional limited liability company is: Central Mountains Counseling, PLLC The professional LLC is organized for the practice in the profession of: Social Work/Counselin 2. The address of the initial registered office is: 12956 W. Fiddleleaf Dr., Boise, ID 83713 3. Jacob Wilson and the name of the initial registered agent is: Management of the professional limited liability company will be vested in: ✓ Manager(s) ☐ Member(s) 5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one manager. If management is to be vested in members, list the name(s) and address(es) of at least one initial member. Address Name 12956 W. Fiddleleaf Dr., Boise, ID 83713 Jacob Wilson 6. Signature(s) of at least one person responsible for forming the limited liability company: Signature ___ Typed Name/ Jacob Wilson Manager. Capacity Signature _____ IDAHO SECRETARY OF STATE Typed Name _____