

## CERTIFICATE OF ORGANIZATION ED EFFECTIVE **PROFESSIONAL** LIMITED LIABILITY COMPANY 11 JUN 27 AM 9: 29

1.	(Instructions on back of the name of the professional limited	• •	SECREMERY OF STATE STATE OF IDAHO
•••	·	Imer Counseling PLLC	*
2	The complete street and mailing addre		<del></del>
<b>-</b> .	3106 W. Center Pleasant Valley, American Falls, Idaho 83211		
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address	s of the registered a	gent:
	Candra Vallmar	2406 W. Contor Plancan	k Vallay Am Falla Idaha 93241
	Sandra Vollmer (Name)	(Street Address)	t Valley Am. Falls, Idaho 83211
4.	The name and address of at least one member or manager of the professional limited		
	liability company:		å ddanna
	<u>Name</u> Sandra Vollmer		Address t Valley, Am. Falls, Id 83211
	Gariora Volintoi	5100 11. Contor i icadani	t validy, valid tand, la doz i v
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5.	Mailing address for future correspondence (annual report notices):		
	3106 W. Center Pleasant Valley American Falls, Idaho 83211		
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: Gausseling Docial Work		
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Typed Name: Sandra Vollmer

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

Signature\_\_\_