





STATE OF IDAHO Office of the secretary of state, Phil McGrane CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

-FILED-

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Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Se descriptions below)	rvice (see Standard (filing fee \$100)
1. Limited Liability Company Name	
Type of Limited Liability Company	Limited Liability Company
Entity name	Neuroparenting Pros, LLC
2. The complete street address of the principal office is:	
Principal Office Address	670 E RIVERPARK LN
	STE 400
	BOISE, ID 83706
3. The mailing address of the principal office is:	
Mailing Address	670 E RIVERPARK LN
	STE 400
	BOISE, ID 83706-6510
4. Registered Agent Name and Address	
Registered Agent	Registered Agent
	Colby Jones
	Physical Address: 670 E RIVERPARK LN
	STE 400
	BOISE, ID 83706
	Mailing Address:
	670 E RIVERPARK LN
	STE 400
	BOISE, ID 83706-6510
I affirm that the registered agent appointed ha	s consented to serve as registered agent for this entity.
5. Governors	
Name	Address
Colby Jones 670 I	E RIVERPARK LN 400

Signature of Organizer:

Carol Barkes

Colby L. Jones 04/18/2024

BOISE, ID 83706

STE 400 BOISE, ID 83706

670 E RIVERPARK LN

Sign Here Date