



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
08 AUG 19 AM 10: 53

SECRETARY OF STATE
STATE OF IDAHO

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

Mark L. Clark, PLLC

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

719 1st. Street South, Nampa, Idaho 83653

(Street Address)

P.O. Box 846, Nampa, IDaho 83653

(Mailing Address, if different than street address)

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

Mark L. Clark

(Name)

719 1st Street So., Nampa, Idaho 83651

(Street Address)

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

Name

Address

Mark L. Clark

719 1st St. So., Nampa, Idaho 83651

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

P.O. Box 846, Nampa, Idaho 83653

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: _____ law

Signature of an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Signature _____

Typed Name: _____

Sharon B. Katz

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
08/19/2008 05:00
CK: 26670 CT: 38974 BH: 1132233
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