

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

## CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

## **FILED EFFECTIVE**

2014 JAN 22 AM 8 57

(Instructions on back of application)

(11151111101115 011	back of application	/// <i>)</i>	QLODE?
1. The name of the professional I	limited liability cor	npany is:	VEUNE MARKET
	Mark P Coppin, P	LLC	7 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
2. The complete street and mailing	g addresses of th	e initial designated o	office:
705 East Main Street. Jerome, ID 8		·	
(Street Address)		<del></del>	<u> </u>
PO Box 444, Jerome, ID 83338  (Mailing Address, if different than street address)	dress)	<del></del>	<u> </u>
3. The name and complete street	•	gistered agent:	
Mark P. Coppin	705 East Mai	n Street, Jerome, ID 833	338
(Name)	(Street Addres		<u> </u>
Mark P. Coppin	PO Box 45, J	Address erome, ID 83338	
5. Mailing address for future corres	spondence (annu	al report notices):	
6. Future effective date of filing (or	otional):		
7. The limited liability company is a professions for which members a professional services is: Law	a professional co are duly licensed o	mpany, and the princ or otherwise legally at	cipal profession or uthorized to render
Signature of a manager, member person.	or authorized		
4		Secretary of	State use only
Signature			
Typed Name: Mark Patrick Coppin			
Signature	··	TEM	AHO SECRETARY OF STATE
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01/22/2014 05:00

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