



**FILED EFFECTIVE**

2005 NOV -8 PM 4:28

SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

1. The name of the limited liability company is:

**Emery Tax & Accounting LLC**

2. The street address of the initial registered office is:

469 S First St, Priest River, ID 83856

and the name of the initial registered agent at the above address is:

**Shawna Lyn Emery**

3. The mailing address for future correspondence is:

PO Box 6, Priest River, ID 83856

4. Management of the limited liability company will be vested in:

Manager(s) ☒ or Member(s) ☐ (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name \_\_\_\_\_

**Address**

**Shawna Lyn Emery**

PO Box 6, Priest River, ID 83856

6. Signature of at least one person responsible for forming the limited liability company: \_\_\_\_\_

**Signature:**

Typed Name: Shawna Lyn Emery

Capacity: Manager

**Signature**

Typed Name:

**Capacity:**

Secretary of State use only

[illegible]

IDAHO SECRETARY OF STATE

11/08/2005 05:00  
CK: 654510 CT: 172099 BH: 921228  
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