Typed Name: _

CERTIFICATE OF ORGANIZATION PROFESSIONAL

2011 FEB 17 AM 9: 30

17.	LIMITED LIABILITY COMPANY STATE OF TO AHO
	(Instructions on back of application)
1.	The name of the professional limited liability company is:
	PREMIER ALLIANCE CERTIFIED PUBLIC ACCOUNTANTS, PLLC
2.	The complete street and mailing addresses of the initial designated/principal office:
	5660 E. FRANKLIN ROAD STE. 300 NAMPA, ID 83687
	(Street Address)
	(Mailing Address, if different than street address)
3.	The name and complete street address of the registered agent:
	BEAU WARD 5660 E. FRANKLIN ROAD STE. 300 NAMPA, ID 83687
	(Name) (Street Address)
	Iiability company: Name Address BEAU C. WARD, CPA PA 5660 E. FRANKLIN ROAD STE. 300 NAMPA, ID 83687
5.	Mailing address for future correspondence (annual report notices): 5660 E. FRANKLIN ROAD STE. 300 NAMPA, ID 83687
6.	Future effective date of filing (optional):
	The limited liability company is a professional company, and the principal profession professions for which members are duly licensed or otherwise legally authorized to rend professional services is: CERTIFIED PUBLIC ACCOUNTANTS
Sigr	nature of a manager, member or guthorized
pers	Son. Secretary of State use only
_	nature
	ed Name: BEAU C. WARD
Sian	Pature Table Programs of State