

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE **PROFESSIONAL** LIMITED LIABILITY COMPANY

10 OCT 12 AM 8: 5

SECREMENT OF STATE
STATE OF IDAHO

		(Instructions on back of application)	
1.	The name of	the professional limited liability company	is:

15.1	Challets & Company, FLI	<u></u>
. The complete street and mailing	addresses of the initia	al designated/principal office:
243 W Sunset Avenue, Coeur d'Alen (Street Address)	e, ID 83815	
(Mailing Address, if different than street address	ess)	
3. The name and complete street a	address of the registere	ed agent:
Robert R Chatters	10101 N Maple St, I	Hayden, ID 83835
(Name)	(Street Address)	
 The name and address of at lea liability company: 	st one member or man	nager of the professional limited
Name	<u>Address</u>	
Robert R Chatters	10101 N Maple St, Hayden, ID 83835	
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5. Mailing address for future corres	•	oπ notices):
243 W Sunset Avenue, Coeur d'Alen	e, ID 83815	
Euture effective data of filing (or	tional):	
6. Future effective date of filing (op	tional).	
7. The limited liability company is a	a professional company	y, and the principal profession or
professions for which members a		rwise legally authorized to render
professional services is: Certified	Public Accountant	
ignature of a manager, member	or authorized	
erson.		Secretary of State use only
ignature // /////////////////////////////////	10/8/10	
yped Name: Robert R Chatters		
gnature		IDANO SECRETARY OF STATE 10/12/2010 05:0
yped Name:		CK: 1152 CT: 98346 BH: 12425 1 @ 100.00 = 100.00 PROF LLC

W97005 cert_org_plic.pmd Rev. 07/2010