

Signature: _

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed Complete and submit the application in duplicate.

FILED EFFECTIVE

2017 JUN 21 PM 2: 59

SECRETARY OF STATE

| | | • | STATE OF IDANO | | |
|------------------------|--|--|--|--|--|
| 1. | The name of the professional limited liability company is: | | | | |
| | ADIUVANDIS LAW GROUP ALLC | | | | |
| | The state of the s | *** | | · . | |
| 2. | The complete street and mailing addresses of the principal office is: | | | | |
| | · | | | | |
| | PO BOX 746 POST FALLS ID. 83877 (Street Address) | | | | |
| | 1810 SCHNEIDMILLER AVE SUITE 241 POST FALLS ID 83854 | | | | |
| | (Mailing Address, # different) | | | | |
| | | | | | |
| 3. | Name and street address of registered agent in Idaho: | | | | |
| | DON GARY | 1810 SCHNEIDMILLER AVE SUITE 241 POST FALLS ID 8385 | | | |
| | (Name) | (Address): | | | |
| | | | | | |
| 4 | The name and address of at least one governor of the limited liability company: | | | | |
| | DON GARY | PO BOX 746 POST FALLS ID 83877 | | | |
| | (Name) | (Address) | | | |
| | | | | | |
| | (Name) | (Addrese) | the state of the s | ************************************** | |
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| | The same of the sa | | | | |
| | (Vans) | (Address) | | | |
| . 5 . | Mailing address for future correspondence (annual report notices): | | | | |
| | PO BOX 746 POST FALLS ID 83877 | | | | |
| | (Address) | | | | |
| | | | | | |
| 6. | The limited liability company is a professional company, and the principal profession or professions for which members are | | | | |
| | fully ficensed or otherwise legally authorized to render professional services is: | | | | |
| | Law | | | | |
| | | | | | |
| | | | Secretary of State u | se only | |
| 7. | Signature of a manager; member, o | or an organizer. | | | |
| Printed Name: DON GARY | | | IDAHO SECRETARY OF STATE | | |
| | | | 06/21/2017 05:00 | | |
| Signature: | | | CK:13696152 CT | :172099 BH:1590104 | |
| _ | / | | | 00.00 PROF LLC #2 | |
| Prin | ted Name: | | 16 20.00 = 20 | OS EXPEDITE C #3 | |
| | | | | | |