



# **CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY**

**FILED EFFECTIVE**

2014 SEP -9 AM 8:39

SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

1. The name of the professional limited liability company is:

John Powell Architecture PLLC

2. The complete street and mailing addresses of the initial designated office:

1051 Lick Creek Rd, McCall, ID 83638

(Street Address)

PO Box 1148, McCall, ID 83638

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

John P Powell

(Name)

1051 Lick Creek Rd, McCall

(Street Address)

4. The name and address of at least one member or manager of the professional limited liability company:

Name

Address

Toni Powell

1051 Lick Creek Rd

5. Mailing address for future correspondence (annual report notices):

PO Box 1148, McCall, ID 83638

6. Future effective date of filing (optional): \_\_\_\_\_

7. The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is: Architecture

Signature of a manager, member or authorized person.

Signature

Typed Name: John P Powell

Signature

Typed Name:

Secretary of State use only  
IDAHO SECRETARY OF STATE

09/09/2014 05:00

CK: 4544 CT: 300956 BH: 1440544

1@ 100.00 = 100.00 PROF LLC #2

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