

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

08 DEC 18 AM 10: 37
SECRETARY OF STATE

1. The name of the professional limit	ck of application)
The fluing of the professional little	ited liability company is:
CPABOISE AC	COUNTING AND FINANCIAL PLLC
	addresses of the initial designated/principal office:
(Street Address)	NAVE #400.000 DOIOE ID 00740.0074
(Mailing Address, if different than street addres	N AVE # 102-266 BOISE, ID 83713-2071 is)
3. The name and complete street ad	Idress of the registered agent:
LAURA L CANALES	4666 N CHELMSFORD AVE BOISE, ID 83713-0732
(Name)	(Street Address)
4. The name and address of at least liability company: Name	t one member or manager of the professional limited Address
LAURA L CANALES	4666 N CHELMSFORD AVE BOISE, ID 83713-0732
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5. Mailing address for future corresp 13601 W McMILLAN	ondence (annual report notices): NAVE#102-266 BOISE, ID 83713-2071
13601 W McMILLAN	N AVE # 102-266 BOISE, ID 83713-2071
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6. Future effective date of filing (option) 7. The limited liability company is a	N AVE # 102-266 BOISE, ID 83713-2071

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