

FILED EFFECTIVE

252



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

2015 APR 29 AM 10:52

**SECRETARY OF STATE
STATE OF IDAHO**

(Instructions on back of application)

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

Jonathan R. Palmer PLLC

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

1075 South Utah Ave., Suite 150, Idaho Falls, ID 83402

(Street Address)

(Mailing Address, if different than street address)

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

Sam L. Angell

(Name)

1075 South Utah Ave., Suite 150, Idaho Falls, ID 83402

(Street Address)

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

Name**Address**
Jonathan R. Palmer
1075 South Utah Ave., Suite 150, Idaho Falls, ID 83402

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

1075 South Utah Ave., Suite 150, Idaho Falls, ID 83402

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: Law

Signature of a manager, member or authorized person.

Signature

 Typed Name: Jonathan R. Palmer

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

04/29/2015 05:00

CK:2791224 CT:172099 BH:1473225

1@ 100.00 = 100.00 PROF LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

W/50 905