CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2013 DEC -5 AM 10: 04

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

| 1. | I. The name of the professional limited liability company is: | | |
|------|--|---|--|
| | Hales L | aw, PLLC | |
| 2. | 2. The complete street and mailing addresse | The complete street and mailing addresses of the initial designated office: 859 S. Yellowstone Hwy. #306, Rexburg, Idaho 83440 | |
| | 859 S. Yellowstone Hwy. #306, Rexburg, Idaho 8 | | |
| | (Street Address) P.O. Box 398, Rexburg, Idaho 83440 | | |
| | (Malling Address, if different than street address) | | |
| 3. | The name and complete street address of the registered agent: | | |
| | ,,, , , , , , , , , , , , , , , , , , | . Yellowstone Hwy. #306, Rexburg, idaho 83440 | |
| | (Ste | et Address) | |
| 4. | The name and address of at least one member or manager of the professional limited liability company: | | |
| | Name Michael Hales 859 S | Address | |
| | 639 5 | . Yellowstone Hwy. #306, Rexburg, Idaho 83440 | |
| 5. | 5. Mailing address for future correspondence P.O. Box 398, Rexburg, Idaho 83440 | (annual report notices): | |
| 6. | 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 | | |
| | ignature of a manager, member or author erson. | ized | |
| | ignature Mahal Hol | Secretary of State use only | |
| | yped Name: Michael Hales | _ | |
| Sigr | ignature | _ | |
| | yped Name: | IDAHO SECRETARY OF STATE 12/05/2013 05:00 | |

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12/05/2013 05:00 CK: 1631166 CT: 172099 BH: 1400552 1 0 100.00 = 100.00 PROF LLC # 2

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