



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

OCT 24 AM 9:43

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

CW Professional Services, LLC.

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

2238 W. Falling Star Lp. Post Falls, ID. 83854

(Street Address)

(Mailing Address, if different than street address)

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

Christopher A. Wright

(Name)

2238 W. Falling Star Lp. Post Falls, ID. 83854

(Street Address)

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

Name

Address

Christopher A. Wright

2238 W. Falling Star Lp. Post Falls, ID. 83854

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

2238 W. Falling Star Lp. Post Falls, ID. 83854

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: Christopher A. Wright (Manager)

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
10/24/2011 05:00
CK: 1049 CT: 263562 BH: 1295366
1 @ 100.00 = 100.00 ORGAN LLC # 2

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