



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

11 SEP 30 AM 9:23

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Means, Morriss and Rice, PLLC

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

2478 N. Stokesburg Place Suite 150
(Street Address)

Meridian, Id 83687
(Mailing Address, if different than street address)

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

Mark Means
(Name)

2478 N. Stokesburg Pl Suite 150
(Street Address) Meridian, Id 83687

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

Name	Address
<u>Mark Means</u>	<u>2478 N. Stokesburg Pl Suite 150</u>
_____	_____
_____	_____

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

P.O. Box 544 Caldwell Id 83687

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 [Handwritten Signature]

Typed Name: Mark Means

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
09/30/2011 05:00
CK: 1122 CT: 240330 BH: 1292537
1 @ 100.00 = 100.00 PROF LLC # 2

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