## FILED EFFECTIVE

W102183

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY II APR II AM 9:09 (Instructions on back of application) (Instructions on back of application) SECH. W OF STATE Jacquot Legal Services, PLLC  The name of the professional limited liability company is: Jacquot Legal Services, PLLC  The complete street and mailing addresses of the initial designated/principal office: 7871 N. 4th St., Datton Gardens, ID 83815 (Street Address) The name and complete street address of the registered agent: Julie Maguire (Name)  The name and address of at least one member or manager of the professional limited liability company: Mana Ann Jacquot Torr of a fully of 58815  Signature of a manager, member or authorized person. Signature of a manager, member or authorized person. Signature Typed Name: Typed Name: Complete street or authorized Signature Typed Name: Company Compan		
	CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY	
2. The complete street and mailing addresses of the initial designated/principal office:     7671 N. 4th St., Dation Gardens, ID 83815     (Street Address)     Mailing Address, if different than street address)     The name and complete street address of the registered agent: <u>Julie Maguire 31782 Caravelle Rd., Athol, ID 83807     (Street Address)     The name and address of at least one member or manager of the professional limited     liability company:     <u>Name Address     Ann Jacquot 7671 N. 4th St., Dation Gardens, ID 83815     [Street Address]     Mailing address for future correspondence (annual report notices):     <u>7671 N. 4th St., Dation Gardens, ID 83815     [Street Address]     [Street field is a street address of a street address of otherwise legally authorized to render     professions for which members are duly licensed or otherwise legally authorized to render     professional services is: <u>Attorney     Signature of a manager, member or authorized     person.     Signature in a manager, member or authorized     person.     <u>State use only     Signature in amager, member or authorized     person.     <u>State use only     Signature in amager, member or authorized     person.     <u>State use only     Signature in amager, member or authorized     person.     <u>State use only     Signature in amager, member or authorized     person.     <u>State use only     Signature in the Jacquot     <u>State use only     Signature in the isolation     <u>State use only     Signature     <u>Typed Name: Ann E. Jacquot     Signature     <u>Typed Name: Ann E. Jacquot     <u>State use only     Signature     <u>Typed Name: Ann E. Jacquot     <u>State use only     <u>State use </u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u>	(Instructions on back of application) SECREMARY OF STATE 1. The name of the professional limited liability company is: STATE OF IDAHO	
3. The name and complete street address of the registered agent:         Julie Maguire       31782 Caravelle Rd., Athol, ID 8380/         (Name)       31782 Caravelle Rd., Athol, ID 8380/         (Street Address)         4. The name and address of at least one member or manager of the professional limited liability company:         Name       Address         Ann Jacquot       7671 N. 4th St., Datton Gardens, ID 83815         5. Mailing address for future correspondence (annual report notices):         7671 N. 4th St., Datton Gardens, ID 83815         6. Future effective date of filing (optional):         7. The limited liability company is a professional company, and the principal profession or professional services is: Attorney         Signature of a manager, member or authorized person.         Signature       Secretary of State use only         Signature       State use only         Signature       State US State US State         Typed Name:       Manager, member or authorized         Signature       IMAND SEDIETINGY OF STATE         Signature       The Jacquot         Signature       IMAND SEDIETINGY OF STATE         Signature       The State US State US State         Signature       IMAND SEDIETINGY OF STATE         Signature       State US State         Signature       State US Sta	<ol> <li>The complete street and mailing addresses of the initial designated/principal office:</li> <li>7671 N. 4th St., Dalton Gardens, ID 83815</li> </ol>	
(Street Address)         4. The name and address of at least one member or manager of the professional limited liability company:         Name       Address         Ann Jacquot       7671 N. 4th St., Dalton Gardens, ID 83815         5. Mailing address for future correspondence (annual report notices):       7671 N. 4th St., Dalton Gardens, ID 83815         6. Future effective date of filing (optional):	3. The name and complete street address of the registered agent:	
Ann Jacquot       7671 N. 4th St., Dalton Gardens, ID 83815	(Street Address) 4. The name and address of at least one member or manager of the professional limited liability company:	
	Ann laceuot Address	
<ul> <li>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: <u>Attorney</u></li> <li>Signature of a manager, member or authorized person.</li> <li>Signature <u>Man E. Jacquot</u></li> <li>Signature <u>INAHO SECRETARY OF STATE</u></li> <li><u>Signature</u> <u>Signature</u></li> <li><u>Signature</u> <u>Signature</u></li> <li><u>Signature</u> <u>Signature</u></li> <li><u>Signature</u> <u>INAHO SECRETARY OF STATE</u></li> <li><u>Signature</u> <u>Signature</u></li> </ul>	5. Mailing address for future correspondence (annual report notices): 7671 N. 4th St., Dalton Gardens, ID 83815	
Signature       Secretary of State use only         Typed Name:       Ann E. Jacquot         Signature       INAHO SECRETARY OF STATE         Typed Name:       Example 11/2011 05:00         CK: 5865 CT: 187962 RH: 1266595	<ol><li>The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed as attach and the principal profession or</li></ol>	
Typed Name:         Ann E. Jacquot         IDANO SECRETARY OF STATE           Signature		
Lyped Name: CK: 6865 CT: 187962 BH: 1268585	Typed Name: Ann E. Jacquot	
LE CO. OU EXPEDITE C # 3	Typed Name:	CK: 6865 CT: 187962 BH: 1268585

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