

Signature_

Typed Name: _____

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY DEC 20 AM 9: 23

FILED

(Instructions on back of application)

1.	The name of the professional limited liability company is: STATE OF IDATIO
	Blodgett Consulting, PLLC
2.	The complete street and mailing addresses of the initial designated office:
	546 E Cholla Hills St, Meridian, ID 83646
	(Street Address)
	(Mailing Address, if different than street address)
3.	The name and complete street address of the registered agent:
	David J Blodgett 546 E Cholla Hills St, Meridian, ID 83646
	(Name) (Street Address)
4.	The name and address of at least one member or manager of the professional limited liability company: Name Address
	David J Blodgett 546 E Cholla Hills St, Meridian, ID 83646
5.	Mailing address for future correspondence (annual report notices):
٠.	546 E Cholla Hills St, Meridian, ID 83646
_	
6.	Future effective date of filing (optional): January 1, 2014
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: Certified Public Accountant
_	nature of a manager, member or authorized
per	SON. Secretary of State use only
Sig	nature Sauid Blodgett
Тур	ped Name: David J Blodgett

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IDAHO SECRETARY OF STATE 12/20/2013 05:00 CX: 1288 CT: 29855 BH: 1482682 1 8 188.88 = 188.88 PROF LLC \$ 2