



Typed Name: Shawna M. Howe

## CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

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SEC OF STATE

(Instructions on back of application)

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

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	Hol	Imstead Howe, PLLC
2.	The complete street and mailing addresses of the initial designated/principal office:	
	401 Gooding Street North, Twin Falls, Idaho 83301	
	(Street Address)	
	457 Blue Lakes Blvd. South, Twin Falls, Idaho 83301	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	Shawna M. Howe	457 Blue Lakes Blvd. South, Twin Falls, Idaho 83301
	(Name)	(Street Address)
	Mark F. Holmstead Shawna M. Howe	748 Rimview Lane West, Twin Falls, Idaho 83301 457 Blue Lakes Blvd. South, Twin Falls, Idaho 83301
5.	Mailing address for future correspondence (annual report notices):	
	457 Blue Lakes Blvd. South, Twin Falls,	daho 83301
6.	Future effective date of filing (optional):	
	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: Public Accounting	
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oers	on.	Secretary of State use only
Sign	pature Maha A	
_	ed Name: Mark F. Holmstead	
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