



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2013 MAR 18 AM 9:57

(Instructions on back of application)

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

Steven K Orme, PLLC

SECRETARY OF STATE
STATE OF IDAHO

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

515 Countryside Ave, Rexburg ID 83440

(Street Address)

(Mailing Address, if different than street address)

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

Steven Orme

(Name)

515 Countryside Ave, Rexburg ID 83440

(Street Address)

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

Name

Address

Amy Orme

515 Countryside Ave, Rexburg ID 83440

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

515 Countryside Ave, Rexburg ID 83440

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: Social Work

Signature of a manager, member or authorized person.

Secretary of State use only

Signature Steven K Orme

Typed Name: Steven K Orme

Signature Amy M Orme

Typed Name: Amy M Orme

IDAHO SECRETARY OF STATE
03/18/2013 05:00
CK: 5391 CT: 200719 BH: 1365060
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