

Signature: ____

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2015 OCT -5 AM 9: 18

SECRETARY OF STATE STATE OF IDAHO

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed Complete and submit the application in <u>duplicate</u>.

The name of the professional limit	fed liability company is:	
Keith Kennedy Architecture,	PLLC	
381 Shoup Ave., Suite 215,	eddresses of the principal office is: Idaho Falls, ID 83402	
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ो स्त्रीपद्ग २०११ छन्। च क्रीम्बर्ग्य		
Name and street address of regis	tered agent in Idaho:	
Keith T. Kennedy	381 Shoup Ave., Sui	ite 215, Idaho Falls, ID 83402
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The name and address of at leas	t one governor of the limited liability o	company:
Keith T. Kennedy	381 Shoup Ave., Suite 215, Idaho Falls, ID 83402	
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((\$c(\displays)	estruess:	
Mailing address for future corresp	oondence (annual report notices):	
381 Shoup Ave., Suite 215,	Idaho Falls, ID 83402	
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duly licensed or otherwise legally	professional company, and the princip authorized to render professional se Architecture	pal profession or professions for which members are rvices is:
	r	Secretary of State use only
Signature of a manager, men	KENNEDY	1DAHO SECRETARY OF STATE 10/05/2015 05:00 CK:1009 CT:1177 BH:1494948 10 100:00 = 100:00 PROF LLC #2 10 20:00 = 20:00 EXPEDITE C #3
nted Name:		W156926