



RESTATEMENT OF CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$30 typed, \$50 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2016 NOV -4 AM 9:33

SECRETARY OF STATE
STATE OF IDAHO

1a. The name of the limited liability company is:
Coleman, Lopes & Company, PLLC

2a. The date the certificate of organization was filed: October 25, 2016

The Certificate of Organization is restated to:

1. The name of the limited liability company is:
Coleman, Lopes & Company, PLLC

2. The complete street and mailing addresses of the principal office is:
401 Gooding St. N Suite 201, Twin Falls, Idaho 83301

(Street Address)

PO Box 1293, Twin Falls, Idaho 83303-1293

(Mailing Address, if different)

3. Registered agent name and address:

John A. Coleman, Chtd.

401 Gooding St. N Suite 201, Twin Falls, Idaho 83301

(Name)

(Address)

Registered agent signature: *John A. Coleman*

(New registered agent must sign here)

4. Mailing address for future correspondence:

PO Box 1293, Twin Falls, Idaho 83303-1293

(Address)

5. The name and address of at least one manager or member:

John A. Coleman, Chtd.

401 Gooding St. N Suite 201, Twin Falls, Idaho 83301

(Name)

(Address)

Leslie Lopes CPA, PLLC

401 Gooding St. N Suite 201, Twin Falls, Idaho 83301

(Name)

(Address)

David E. Coleman CPA, PLLC

401 Gooding St. N Suite 201, Twin Falls, Idaho 83301

(Name)

(Address)

6. Signature of a manager, member, or an authorized person.

Printed Name: John A. Coleman

Signature: *John A. Coleman*

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

11/04/2016 05:00

CK:1220 CT:317062 BH:1553946

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