



Reset Form



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed)

For Office Use Only

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File #: 0005416176

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

Jacobs & Jacobs, PLLC

2. The complete street and mailing addresses of the principal office is:

1828 Idaho Street, Lewiston, Idaho 83501

(Street Address)

P.O. Box 917, Lewiston, Idaho 83501

(Mailing Address, if different)

3. Name and street address of registered agent in Idaho:

Brook Jacobs 295 Broken Spokes Ln, Orofino, Idaho 83544

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

Brook Jacobs 295 Broken Spokes Ln, Orofino, Idaho 83544

(Name)

(Address)

Blake Houlihan 3808 Barr Road, Lewiston, Idaho 83501

(Name)

(Address)

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

P.O. Box 917 Lewiston, Idaho 83501

(Mailing Address)

6. 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:

Law

7. Signature of a manager, member, or an organizer.

Printed Name:

Blake Houlihan

Signature:

Blake Houlihan

Printed Name:

Signature:

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