

## CERTIFICATE OF ORGANIZATION **PROFESSIONAL** LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

2015 JUN -5 PM 1:58

SECRETARY OF STATE

(Instructions on back of application)		STATE OF IDAHO"
The name of the professional limited liability company is:		
The Law	Office of Kaleena M. Blue	mer, PLLC.
2. The complete street and mailir	ng addresses of the ini	tial designated office:
7681 N Roe Ave., Boise, ID 83714		
(Street Address)		
(Mailing Address, if different than street ac	ddress)	
3. The name and complete street	t address of the registe	ered agent:
Kaleena M. Bluemer	7681 N Roe Ave.,	Roise ID 83714
(Name)	(Street Address)	D0136, 1D 037 14
4. The name and address of at le	east one member or m	anager of the professional limited
liability company:		Addrago
<b>Name</b> Kaleena Bluemer	7681 N Roe Ave.,	Address Boise ID 83714
	<del></del>	
····		
5. Mailing address for future corre	espondence (annual re	eport notices):
7681 N Roe Ave., Boise, ID 83714	•	
7001 14 100 AVE., BUISE, ID 03/14		
6. Future effective date of filing (	optional):	
	· · · · · · · · · · · · · · · · · · ·	
• •	•	any, and the principal profession or
•	are duly licensed or ot	herwise legally authorized to render
professional services is: Law		
Signature of a manager, membe	er or authorized	
person.	or qualitized	· · · · · · · · · · · · · · · · · · ·
1/.		Secretary of State use only
Signature La Leine Bluen	Ler_	IDAHO SECRETARY OF STATE
Typed Name: Kaleena Bluemer		06/05/2015 05:00 CK:CASH CT:311025 BH:147
		16 100.00 = 100.00 PROF L
Signature		10.20.00 = 20.00  EXPEDITE

10 100.00 = 100.00 PROF LLC #2 10 20.00 = 20.00 EXPEDITE C #3

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Typed Name: \_\_\_\_\_\_