



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2014 MAY 21 AM 8:17

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Lori J. Toews, CPA, PLLC

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

776 Polaris Peak Kellogg, ID 83837

(Street Address)

PO Box 25 Kellogg, ID 83837

(Mailing Address, if different than street address)

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

Lori J. Toews

(Name)

776 Polaris Peak

(Street Address)

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

Name

Address

Lori J. Toews

PO Box 25 Kellogg, ID 83837

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

PO Box 25 Kellogg, ID 83837

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: Accounting

Signature of a manager, member or authorized person.

Signature Lori J. Toews

Typed Name: Lori J. Toews

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

05/21/2014 05:00

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10 100.00 = 100.00 PROF LLC #2

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