



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 JUN -1 AM 9:18

SECRETARY OF STATE
STATE OF IDAHO

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

Absec & O'Brien, PLLC

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

413 Cedar Street, Wallace, Idaho 83873

(Street Address)

PO Box 469, Wallace, Idaho 83873-0469

(Mailing Address, if different than street address)

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

Dennis O'Brien

(Name)

413 Cedar Street, Wallace, ID 83873

(Street Address)

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

Name

Address

Dennis O'Brien

PO Box 469, Wallace, ID 83873

Mark W. Absec

PO Box 469, Wallace, ID 83873

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

PO Box 469, Wallace, ID 83873-0469

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 an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Signature

Dennis O'Brien

Typed Name: Dennis O'Brien

Signature _____

Typed Name: _____

Secretary of State use only

g:\corp\form\llc form\cert_org_llc.PMD
Revised 07/2006

493751

IDAHO SECRETARY OF STATE
06/01/2010 05:00
CK: 2319 CT: 118786 BH: 1224784
1 @ 100.00 = 100.00 PROF LLC # 2