



CERTIFICATE OF ORGANIZATION **FILED EFFECTIVE** **PROFESSIONAL** **LIMITED LIABILITY COMPANY**

2012 NOV -2 AM 8:58

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

BARROTT CHANDLER LAW GROUP, PLLC

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

901 PIER VIEW DR, STE 206, IDAHO FALLS, ID 83402

(Street Address)

(Mailing Address, if different than street address)

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

JOSHUA K. CHANDLER

(Name)

901 PIER VIEW D, STE 206, IDAHO FALLS, ID 83402

(Street Address)

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

<u>Name</u>	<u>Address</u>
JOSHUA K. CHANDLER	3780 WOODHAVEN LN, IDAHO FALLS, ID 83404
TYRIE A. BARROTT	4722 STANFIELD LN, IDAHO FALLS, ID 83404

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

901 PIER VIEW DR, STE 206, IDAHO FALLS, ID 83402

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: LEGAL SERVICES

Signature of a manager, member or authorized person.

Signature _____

Typed Name: _____

JOSHUA K. CHANDLER

Signature _____

Typed Name: _____

TYRIE A. BARROTT

Secretary of State use only

IDAHO SECRETARY OF STATE
11/02/2012 05:00
 CK: 1552 CT: 275873 BH: 1346227
 1 @ 100.00 = 100.00 PROF LLC # 2

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