

Signature\_\_\_

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

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

## FILED EFFECTIVE

2013 APR 18 AM 9: 14

(Instructions on back of application)

	(Instructions on back	k of application) ԷՐԸԸՀՄԱԻ	LUE STATE
1.	The name of the professional limite	ed liability company is:	FIDAHO
	OLDS	S LAW OFFICES, PLLC	a u <i>n</i> av
2.	The complete street and mailing addresses of the initial designated office:		
	204 N. Meadow Street, Grangeville, ID 83	3530	
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Scott Olds	204 N. Meadow Street, Grangeville, ID 835	530
	(Name)	(Street Address)	
	Scott Olds Victoria Olds	118 E. South First Street, Grangeville, ID 8	
5.	Mailing address for future correspor 204 N. Meadow Street, Grangeville, ID 83	. ,	
6			
٥.	Future effective date of filing (option	nal):	
7.	The limited liability company is a pro	nal):ofessional company, and the principal	
7.	The limited liability company is a proprofessions for which members are d	ofessional company, and the principal luly licensed or otherwise legally author	
7. Sigr	The limited liability company is a property of the professions for which members are deprofessional services is: Law	ofessional company, and the principal luly licensed or otherwise legally author authorized	rized to render
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IDAHO SECRETARY OF STATE
04/18/2013 05:00
CK: 1914 CT: 81946 BH: 1370124
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