



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

09 JUN -3 AM 8:08

 SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Lynn Hossner, Attorney PLLC

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

109 North 2nd West, St. Anthony, ID 83445

(Street Address)

(Mailing Address, if different than street address)

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

Lynn Hossner

(Name)

109 North 2nd West, St. Anthony, ID 83445

(Street Address)

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

Name
Address

Lynn Hossner

109 North 2nd West, St. Anthony, ID 83445

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

109 North 2nd West, St. Anthony, ID 83445

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 Representation

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

Typed Name:

Lynn Hossner

Signature

Typed Name:

Secretary of State use only

 IDAHO SECRETARY OF STATE
06/03/2009 05:00
CK: 2684 CT: 23944 BH: 1173877
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Revised 07/2008

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