



# CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

12/17/17 4:15:00

SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

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

PAMELA TRESTE PARKINS, ESQ. PLLC

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

1565 SHIRE DRIVE, VICTOR, IDAHO 83455

(Street Address)

P.O. Box 673, VICTOR, IDAHO 83455

(Mailing Address, if different than street address)

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

PAMELA T. PARKINS  
(Name)

1565 SHIRE DRIVE, P.O. Box 673,  
(Street Address)  
VICTOR, IDAHO 83455

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

PAMELA T. PARKINS  
\_\_\_\_\_  
\_\_\_\_\_

1565 SHIRE DRIVE, P.O. Box 673,  
VICTOR, IDAHO 83455  
\_\_\_\_\_  
\_\_\_\_\_

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

P.O. Box 673, VICTOR, IDAHO 83455

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: LAW / LEGAL SERVICES

Signature of a manager, member or authorized person.

Signature Pamela T. Parkins

Typed Name: PAMELA T. PARKINS, MANAGER

Signature \_\_\_\_\_

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

Secretary of State use only

IDAHO SECRETARY OF STATE  
02/27/2012 05:00  
CX: 1181 CT: 267389 BH: 1312206  
1 @ 100.00 = 100.00 PROF LLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3