

## **CERTIFICATE OF ORGANIZATION PROFESSIONAL**

Ó	LIMITED LIABILITY	TY COMPANY	SECRETARY OF STAT	
	(Instructions on back	• • • •	STATE OF IDAHO	
1. T	The name of the professional limite	• •		
		een Architecture, P.L.L.C.		
2. 7	The complete street and mailing addresses of the initial designated office:			
	11200 W. Hercules Dr, Suite 103, Star, IE (Street Address)	) 83669		
	(Mailing Address, if different than street address)			
3. T	The name and complete street address of the registered agent:			
	EverGreen Holdings PLLC	11200 W. Hercules Dr., Suite 103, Star, ID 83669		
\$. T	(Name)  The name and address of at least o iability company:  Name	-	·	
4. T li	The name and address of at least o lability company:  Name	ne member or manager o	iress	
4. T li	The name and address of at least o lability company:  Name	one member or manager o  Add  5540 W. keybridge Dr. Boise	iress	
4. T	The name and address of at least o lability company:  Name	one member or manager o  Add  5540 W. keybridge Dr. Boise	Iress , ID 83703	
4. T	The name and address of at least o iability company:  Name  L. Christopher Laraway -Manager	Add 5540 W. keybridge Dr. Boise	Iress , ID 83703	
4. T li	The name and address of at least o lability company:  Name  L. Christopher Laraway - Manager  Mailing address for future correspor	Add 5540 W. keybridge Dr. Boise ndence (annual report noti	iress c, ID 83703 ices):	
4. T li 5. N 6. F	The name and address of at least of iability company:  Name  L. Christopher Laraway - Manager  Mailing address for future correspores 11200 W. Hercules Dr., Suite 103, Star, II	Add 5540 W. keybridge Dr. Boise ndence (annual report notice 83669	ices):	

Signature of a manager, member or authorized person.

Signature \_\_\_

Typed Name: L.Christopher Laraway

Signature\_

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE 01/21/2015 05:00

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