

Signature

Typed Name:

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

**FILED** 2013 DEC 27 AM 8: 24

1.	(Instructions on back of the professional limited	• •	SECRE LAY OF STATE STATE OF IDAHO	
	Bruce H. Birch, Law Office PLLC			
2.	1456 South 3rd Avenue, Payette, Idaho 83661			
	(Street Address) P. O. Box 157, Payette, Idaho 83661			
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Bruce H. Birch	530 Cornwall Way, Fruitland, Idah	o 83619	
	(Name)	(Street Address)		
4.	The name and address of at least one member or manager of the professional limited liability company:  Name  Address			
	Bruce H. Birch	530 Comwall Way, Fruitland, Idah	o 83619	
5.	Mailing address for future correspondence (annual report notices): P. O. Box 157, Payette, Idaho 83661			
6.	Future effective date of filing (optional):			
7.	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			
Sig	nature of a manager, member or a	uthorized		
	son.		ry of State use only	
Sigr	nature Stage 1			
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IDAHO SECRETARY OF STATE 12/27/2013 05:00 CK: 15233 CT: 93686 BH: 1463322 1 0 100.00 = 100.00 PROF LLC # 2