

## **CERTIFICATE OF ORGANIZATION** PROFESSIONAL I IMITED I IARII ITY COMPANY 08 AUG 13 AM 8: 48

W76854

(Instructions on book of	SECRETARY OF STATE
(Instructions on back of a limited lim	application) STATE OF INAHO
the second secon	
	omelison, and Associates, PLLC
	sses of the initial designated/principal office:
(Street Address)	
51 N. Broadway, Pl (Mailing Address, if different than street address)	MB 101, Blackfoot, ID 83221
3. The name and complete street address	of the registered agent:
Mark Cornelison	1562 E. Airport Rd, Blackfoot, ID 83221
(Name)	(Street Address)
The name and address of at least one r liability company:     Name  Bryce Lloyd	Address  408 W 280 N. Blockfoot ID 20004
	408 W. 280 N., Blackfoot, ID 83221
Mark Cornelison	1562 E. Airport Rd, Blackfoot, ID 83221
5. Mailing address for future corresponden- 51 N. Broadway, PM	nce (annual report notices): MB 101, Blackfoot, ID 83221
6. Future effective date of filing (optional):	
<ol> <li>Future effective date of filing (optional):</li> <li>The limited liability company is a profess professions for which members are duly lipprofessional services is:</li> <li>Signature of an organizer(s). (An organizer is a or is acting in behalf of a required, and existing, initial or members).</li> <li>Signature</li></ol>	sional company, and the principal profession or icensed or otherwise legally authorized to render Legal Services
Signature of an organizer(s), (An organizer is a	member
or is acting in behalf of a required, and existing, initia	Secretary of State use only
	<b>1</b>
Signature Solution	Specific Control of the Control of t
Typed Name: Mark Cornelison	IDAHO SECRETARY OF STATE
Signature	O8/13/2008 05:00 CK: 2389 CT: 222672 BH: 1131432
Typed Name:	1 0 100.00 = 100.00 PROF LLC # 2