

Signature C

Typed Name: Don L. Gadda --

Signature_____

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CERTIFICATE OF ORGANIZATION **PROFESSIONAL** LIMITED LIABILITY COMPANY

2015 MAY -1 PM 2: 44

SECRETARY OF STATE (Instructions on back of application) 1. The name of the professional limited liability company is: GADDA LAW OFFICES, PLLC 2. The complete street and mailing addresses of the initial designated office: 408 West Idaho Street, Boise, Id. 83702 (Street Address) (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: Don L. Gadda 408 West Idaho Street, Boise, Id. 83702 (Name) (Street Address) 4. The name and address of at least one member or manager of the professional limited liability company: <u>Name</u> Address Don L. Gadda 408 West Idaho Street, Boise, Id. 83702 5. Mailing address for future correspondence (annual report notices): Gadda Law Offices, PLLC, 408 West Idaho Street, Boise, Id. 83702 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 Signature of a manager, member or authorized person. Secretary of State use only

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

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