



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE
DEC -5 AM 9:43

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Devin Brady, CPA, PLLC

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

5025 W. View Dr., Meridian, ID 83642

(Street Address)

(Mailing Address, if different than street address)

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

Devin Jay Brady

(Name)

5025 W. View Dr., Meridian, ID 83642

(Street Address)

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

Name

Address

Devin Jay Brady

5025 W. View Dr., Meridian, ID 83642

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

5025 W. View Dr., Meridian, ID 83642

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: Public Accounting

Signature of a manager, member or authorized person.

Secretary of State use only

Signature

Devin J Brady

Typed Name: Devin J Brady

Signature _____

Typed Name: _____

IDAHO SECRETARY OF STATE
12/05/2011 05:00
CK: 1457 CT: 264635 BN: 1300248
1 @ 100.00 = 100.00 PROF LLC # 2

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