

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

2013 MAR -5 AM 9:15

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

KIIHA LAW OFFICE, PLLC

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

208 S. Idaho St., Cascade, ID 83611

(Street Address)

PO Box 334, Cascade, ID 83611

(Mailing Address, if different than street address)

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

JAY KIIHA

(Name)

208 S. Idaho St., Cascade, ID 83611

(Street Address)

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

Name**Address**

JAY KIIHA

208 S. Idaho St., Cascade, ID 83611

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

PO Box 334, Cascade, ID 83611

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: Attorney LAW

Signature of a manager, member or authorized person.

Signature

Typed Name: Jay J. Kiiha

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
03/05/2013 05:00
CK: 1336 CT: 280176 BH: 1362931
1 @ 100.00 = 100.00 PROF LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W122649