

CERTIFICATE OF ORGANIZATION **PROFESSIONAL** LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2014 MAY 29 AH 8: 4

OFFICE CHESSARE

(Instructions on back of application)		OF JUNE 19	
The name of the professional limited liability company is:		any is:	
Law Of	ffices of Robert M. Curr	an, PLLC	· · · · ·
2. The complete street and mailing	addresses of the in	nitial designated office:	
160 West 4th Street, Suite 2, Ketchui	m ID 83340		
(Street Address)			
P.O. Box 2643, Ketchum ID 83340-2			
(Mailing Address, if different than street addr	•		
The name and complete street a	address of the regis	tered agent:	
Robert M. Curran	160 West 4th Str	reet, Suite 2	
(Name)	(Street Address)		
Robert M. Curran	P.O. Box 2643, I	Ketchum ID 83340-2643	
 Mailing address for future corres P.O. Box 2643, Ketchum ID 83340-20 		report notices):	
6. Future effective date of filing (op	otional):		
7. The limited liability company is a	a professional comp re duly licensed or o	pany, and the principal profession of the principal prin	
ignature of a manager, member	or authorized		
erson.		Secretary of State use only	
		,	
signature		IDAHO SECRETARY OF ST	¥ሞድ
yped Name: Robert M. Curran		05/29/2014 05:	
Signature		CK:2101 CT:297397 BH:	
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Typed Name: