

## CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

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(Instructions on back of application)

The name of the professional limited liability company is:

The lame of the brolessional infliced in	ability company is	
O'Ne	ill Law, PLLC	
The complete street and mailing addres	sses of the initial designated/principal of uite 150, Bolse, Idaho, 83702	fice:
(Street Address)		
(Mailing Address, if different than street address)		· · · · · · · · · · · · · · · · · · ·
The name and complete street address	of the registered agent:	· · · · · · · · · · · ·
Derrick J. O'Neill	300 Main Street, Suite 150, Boise, Idaho, 837	02
(Name)	(Street Address)	
The name and address of at least one liability company:	member or manager of the professional	limited
Name	Address	
Derrick J. O'Neill	300 Main Street, Suite 150, Boise, Idaho, 837	702
	•	15 <sup>1</sup> ·
. Mailing address for future corresponde	nce (annual report notices):	
	uite 150, Boise, Idaho, 83702	
. Future effective date of filing (optional):		
The limited liability company is a profe	ssional company, and the principal profe licensed or otherwise legally authorized t	easion or to render
Signature of an organizer(s). (An organizer is acting in behalf of a required, and existing, init or members).	s a member, Secretary of State use online in the secretary of State use on the secretary of State use on the secretary of State use on the secretary of State use of State	Y
signature Day	i i i	Seith
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