

Signature: _

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

SECOLAMID: 32

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed: \$120 not typed

	Complete and submit	t the application in <u>duplica</u>	te.
1. The name	e of the professional limited	liability company is:	CAHATE
Wielang	Law, PLLC		
	oup Ave, Suite 202, Ida	resses of the principal office aho Falls, ID 83402	is:
(Street Aud	less)		
(Mailing Ad	dress, if different)		
3. Name an	d street address of register	ed agent <u>in Idaho</u> :	
April Mi	ichelle Wielang	381 Shoup Ave,	, Suite 202, Idaho Falls, ID 83402
(Name)		(Address)	
4. The nam	The name and address of at least one governor of the limited liability company:		
April Mi	ichelle Wielang	381 Shoup Ave	, Suite 202, Idaho Falls, ID 83402
(Name)		(Address)	
(Name)		(Address)	
(Name)		(Address)	
5. M ailing a	lailing address for future correspondence (annual report notices):		
381 Sh	oup Ave, Suite 202, Ida	aho Falls, ID 83402	
(Address)			
		fessional company, and the pathorized to render profession	principal profession or professions for which members are nal services is:
	Lav	<u>v</u>	
			Secretary of State use only
 Signature of a manager, member, or an organizer. 			IDAHO SECRETARY OF STATE
Printed Name:			03/27/2017 05:00 CK:2745 CT:336842 BH:1575729
Signature:	0/		16 180.00 = 100.00 PROF LLC #2
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Printed Name	e:		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

Rev. 08/2015