

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

12 JAN 13 AM 9: 02

SECRETARY OF STATE

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(Instructions on	(Instructions on back of application)		SECRETARY C
The name of the professional limited liability company is:		STATE OF I	
	Jonathan A. Lowell, PLL	_C	
2. The complete street and mailir	ng addresses of the in	nitial designated	office:
1006 W. Sanetta Street, Nampa, IE	83651		
(Street Address)			
(Mailing Address, if different than street ad	Idress)		
3. The name and complete street	address of the regist	tered agent:	
Jonathan A. Lowell	1006 W. Sanetta	Street, Nampa, ID	83651
(Name)	(Street Address)		
The name and address of at le liability company: Name	east one member or m	nanager of the p	rofessional limited
Jonathan A. Lowell	1006 W. Sanetta	Street, Nampa, ID	83651
			, .
5. Mailing address for future corre	espondence (annual r	report notices):	
1006 W. Sanetta Street, Nampa, ID	83651		
6. Future effective date of filing (optional):		
7. The limited liability company is professions for which members professional services is: Law			
Signature of a marrager member	or anthorized		
Signature		Secretary (of State use only
Typed Name. Jonathan A. Lowell			
Signature			10 A
Typed Name:			we the second of

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IDAHO SECRETARY OF STATE
01/13/2012 05:00
CK: 208 CT: 265936 BH: 1306112
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