

FILED

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 AUG 15 AM 9:32

SECRETARY OF STATE
STATE OF IDAHO

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

David L Allen, CPA, PLLC

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

583 E Willowridge Ct

(Street Address)

Kuna, Idaho 83634

(Mailing Address, if different than street address)

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

David L Allen

(Name)

583 E Willowridge Ct, Kuna, Idaho 83634

(Street Address)

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

Name

Address

David L Allen

583 E Willowridge Court, Kuna, Idaho 83634

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

583 E Willowridge Ct, Kuna, Idaho 83634

6. Future effective date of filing (optional): September 1, 2013

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: Certified Public Accountancy

Signature of a manager, member or authorized person.

Signature

Typed Name: David L Allen

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/15/2013 05:00
CK: 1628 CT: 206449 DH: 1386228
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