



**CERTIFICATE OF ORGANIZATION
PROFESSIONAL
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

FILED EFFECTIVE
10 NOV 19 AM 8:19

SECRETARY OF STATE
STATE OF IDAHO

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

Laurene Sorensen, PLLC

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

106 E. 3rd Street, Suite 4A, Moscow, ID 83843

(Street Address)

P.O. Box 9826, Moscow, ID 83843

(Mailing Address, if different than street address)

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

Laurene Sorensen

(Name)

106 E. 3rd St., Suite 4A, Moscow, ID 83843

(Street Address)

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

Name

Address

Laurene Sorensen

106 E. 3rd St, P.O. Box 9826, Moscow, ID 83843

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

P.O. Box 9826, Moscow, ID 83843

6. Future effective date of filing (optional): _____

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: Law

Signature of a manager, member or authorized person.

Signature

Typed Name: Laurene Sorensen

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
11/19/2010 05:00
CK: 1201 CT: 252918 BH: 1247837
1 @ 100.00 = 100.00 PROF LLC # 2

W98104