



# **CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY**

**FILED EFFECTIVE**

09 OCT -7 AM 8:21

 SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

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

THOMAS CLARK PLLC

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

526 29th Street, Lewiston, Idaho 83501

(Street Address)

P.O. Box 1901, Lewiston, Idaho 83501

(Mailing Address, if different than street address)

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

Thomas J. Clark

(Name)

526 29th Street, Lewiston, Idaho 83501

(Street Address)

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

**Name**
**Address**

Thomas J. Clark

526 29th Street, Lewiston, Idaho 83501

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

THOMAS CLARK PLLC, P.O. Box 1901, Lewiston, Idaho 83501

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: the practice of law.

Signature of an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

 Signature Thomas J. Clark

 Typed Name: Thomas J. Clark

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

W 87446

 IDAHO SECRETARY OF STATE  
10/07/2009 05:00  
CK: 10284847274 CT: 241166 DH: 1190096  
1 @ 100.00 = 100.00 PROF LLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3