







## STATE OF IDAHO Office of the secretary of state, Phil McGrane **CERTIFICATE OF ORGANIZATION LIMITED** LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0005214836

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| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (see descriptions below) |                                       | Standard (filing fee \$100)  |  |
|--|---------------------------------------|--|--|
| Limited Liability Company Name     Type of Limited Liability Company     Entity name   |                                       | Professional Limited Liability Company Mike French Law, PLLC   |  |
| •  |                                       | WIRE FIERCH LAW, FLLC  |  |
| Profession The business is organized to practice the profession of:  |                                       | Law  |  |
| The complete street address of the principal office is:     Principal Office Address   |                                       | 1030 W EL PELAR DR<br>BOISE, ID 83702  |  |
| The mailing address of the principal office is:     Mailing Address  |                                       | 1030 W EL PELAR DR<br>BOISE, ID 83702-1521   |  |
| 4. Registered Agent Name and Address   |                                       |  |  |
| Registered Agent   |                                       | Registered Agent Mikela French Physical Address: 1030 W EL PELAR DR BOISE, ID 83702 Mailing Address: 1030 W EL PELAR DR BOISE, ID 83702-1521 |  |
| I affirm that the registered agent appointed   | ed has consented                      | d to serve as registered agent for this entity.  |  |
| 5. Governors   |                                       |  |  |
| Name   | Address                               |  |  |
| Mikela French  | 1030 W EL PELAR DR<br>BOISE, ID 83702 |  |  |
| Signature of Organizer:  |                                       |  |  |
| Mikela French  |                                       | 04/30/2023   |  |
| Sign Here  |                                       | Date   |  |