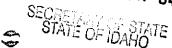


Signature____

Typed Name:

CERTIFICATE OF ORGANIZATION **PROFESSIONAL** LIMITED LIABILITY COMPANY

2015 JAN 12 AM 11: 04



(instructions on ba	ack of application)
. The name of the professional lin	nited liability company is:
LOF	IMAN ACCOUNTING, PLLC
The complete street and mailing	addresses of the initial designated office:
1630 23rd Avenue, Suite 101, Lewisto	
(Street Address)	
(Mailing Address, if different than street address	ess)
The name and complete street a	ddress of the registered agent:
Steven W. Lohman	1630 23rd Avenue, Suite 101, Lewiston, Idaho 83501
(Name)	(Street Address)
Steven W. Lohman	of Property Control of the Control o
Name Steven W. Lohman	Address 1630 23rd Avenue, Suite 101, Lewiston, Idaho 83501
Mailing address for future corres	pondence (annual report notices):
1630 23rd Avenue, Suite 101, Lewisto	on, Idaho 83501
Future effective date of filing (op	tional):
ruture effective date of ming (op	uonar).
	a professional company, and the principal profession or re duly licensed or otherwise legally authorized to render ing Services
gnature of a manager, member	or authorized
rson.	Secretary of State use only
gnature 14 w. Cul	
ped Name: Steven W. Lohman, Memi	IDAHO SECRETARY OF STAT
Ded Maille: Oreven A. Politight's Meuri	Der \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

CK:48736 CT:95483 BH:1456527 10 100.00 = 100.00 PROF LLC #2 10 20.00 = 20.00 EXPEDITE C #3