



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

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

R. J. Hoopes Law Office, PLLC

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

760 North Hoopes Road, Teton, Idaho 83452

(Street Address)

Post Office Box 240, Teton, Idaho 83452

(Mailing Address, if different than street address)

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

Roger J Hoopes

(Name)

815 Johnson St Rexburg ID 83440

(Street Address)

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

Name

Address

R. J. Hoopes

Post Office Box 240, Teton, Idaho 83452

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

Post Office Box 240, Teton, Idaho 83452

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: R. J. Hoopes

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/20/2012 05:00
CK: 544 CT: 184608 BH: 1352305
1 @ 100.00 = 100.00 PROF LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W120096

FILED EFFECTIVE
2012 DEC 20 AM 9:05
SECRETARY OF STATE
STATE OF IDAHO