



**CERTIFICATE OF ORGANIZATION
PROFESSIONAL
LIMITED LIABILITY COMPANY**

2014 SEP 25 AM 8:43

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Tracy Williams Gorman, PLLC

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

591 Park Avenue, Suite 202 Idaho Falls, Idaho 83402

(Street Address)

(Mailing Address, if different than street address)

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

Tracy Gorman

(Name)

591 Park Ave, Suite 202, Idaho Falls, Idaho 83402

(Street Address)

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

Name

Address

Tracy Gorman

591 Park Ave, Suite 202, Idaho Falls, Idaho 83402

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

591 Park Avenue, Suite 202, Idaho Falls, Idaho 83402

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 Tracy Williams Gorman

Typed Name: Tracy Williams Gorman

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/25/2014 05:00

CK: 729 CT: 301504 BH: 1442776

10 100.00 = 100.00 PROF LLC #2

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