

Signature

Typed Name: Carmen Finegan

Signature\_\_\_\_

Typed Name:

## CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

2013 APR -9 AM 9: 0

(Instructions on back of application) 1. The name of the professional limited liability company is: Carmen Architecture PLLC 2. The complete street and mailing addresses of the initial designated office: 360 E 9th street unit #14 KETCHUM, 1D 83340 (Street Address) P.O.Box 1148 Sun Valley 83353 (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: Carmen Finegan 360 E 9th street unit # 14 (Name) (Street Address) 4. The name and address of at least one member or manager of the professional limited liability company: Name **Address** Carmen Finegan 360 E 9th street unit 14 ketchum, ID 83340 5. Mailing address for future correspondence (annual report notices): P.O. Box 1148 Sun Valley 83353 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: Architecture Signature of a manager, member or authorized person. Secretary of State use only

Secretary or State use only

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04/09/2013 05:00
CK: 1272 CT: 281679 BH: 1368588
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