ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY SECRETARY OF STATE To the Secretary of State of Idaho,



	Statehouse, Boise, Ida	ho 83720
1.	The name of the professional limited liabi	lity company is:
2.	The professional limited liability company of:Law	is organized for the practice of the profession(s)
3.	The address of the initial registered office	(nota PO Box)
	initial registered agent at that address is James W. Grow, Jr.	
	Signature of registered agent:	wh. Thow .
4.		ssional limited liability company will dissolve is:
5.	Is management of the limited liability comp	nany vected in a manager or manage.
	∑ Yes	No (check appropriate box)
ò		
ì	☐ Yes If management is vested in one or more m least one initial manager. If management address(es) of at least one member.	No (check appropriate box) lanager(s), list the name(s) and address(es) of at is vested in the members, list the name(s) and
ò	Yes If management is vested in one or more m least one initial manager. If management address(es) of at least one member. Name:	No (check appropriate box) lanager(s), list the name(s) and address(es) of at is vested in the members, list the name(s) and Address:
7.	Yes If management is vested in one or more m least one initial manager. If management address(es) of at least one member. Name:	In an ager(s), list the name(s) and address(es) of at is vested in the members, list the name(s) and address. Address: 915 8th Ave, Lewiston, ID 83501
7.	If management is vested in one or more management is vested in one or more management address(es) of at least one member. Name: James W. Crow, Jr. Signature(s) of at least one person listed in	In Mo (check appropriate box) lanager(s), list the name(s) and address(es) of at is vested in the members, list the name(s) and Address: 915 8th Ave, Lewiston, ID 83501
7.	If management is vested in one or more management is vested in one or more management address(es) of at least one member. Name: James W. Crow, Jr. Signature(s) of at least one person listed in above:	In the name (s) and address(es) of at is vested in the members, list the name(s) and address: Address: 915 8th Ave, Lewiston, ID 83501

File Two Capies

Fee: \$100 if typed with no attachments \$120 if not typed or if attachments are included