

Typed Name:

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE **PROFESSIONAL** LIMITED LIABILITY COMPANY 10 APR 26 AM 9: 08

(instructions on back	of application) SECRETARY OF STATE
. The name of the professional limited	d liability company is: STATE OF IDAHO
COFFE	Y LAW OFFICE, PLLC
	dresses of the initial designated/principal office:
(Street Address)	Table, Gaile 200, Doise, Idaile 60760
(Mailing Address, if different than street address)	
The name and complete street addre	ess of the registered agent:
Brian J. Coffey	3350 Americana Terrace, Suite 205, Boise, ID 83706
(Name)	(Street Address)
The name and address of at least on liability company:	ne member or manager of the professional limited
Name	Address
Brian J. Coffey	3350 Americana Terrace, Suite 205, Boise, ID 83706
Mailing address for future correspond	dence (annual report notices):
3350 Americana Te	errace, Suite 205, Boise, ID 83706
Future effective date of filing (optional	al):
The limited liability company is a proprofessions for which members are duprofessional services is:	fessional company, and the principal profession or ily licensed or otherwise legally authorized to render Attorney at Law
gnature of an organizer(s). (An organizer is acting in behalf of a required, and existing, i	is a member, Secretary of State use only
gnature	IDAHO SECRETARY OF STATE 94/26/2010 05:00 CK: 1235 CT: 228849 BH: 1219263 1 0 180.96 = 180.96 PROF LLC ** W 92777
gnature/	W92777