

Signature__ Typed Name: _

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

SCHOCTARY OF STATE

| (Instructions on ba | |
|---|---|
| River | City Accounting & Tax, PLLC |
| | addresses of the initial designated/principal office: Montevista Dr. Boise, ID, 83706 |
| (Street Address) | |
| (Mailing Address, if different than street addre | ss) |
| 3. The name and complete street ac | ddress of the registered agent: |
| Nathan Wilson | 2923 Montevista Dr. Boise, ID, 83706 |
| (Name) | (Street Address) |
| 4. The name and address of at leas liability company: Name Rachel Dykstra, CPA | Address 2923 Montevista Dr. Boise, ID, 83706 |
| | |
| 5. Mailing address for future corresp | pondence (annual report notices): |
| 2923 Montevista | Dr. Boise 10 832x |
| 6. Future effective date of filing (opt | ional): |
| | professional company, and the principal profession or e duly licensed or otherwise legally authorized to render Accounting & Tax Services |
| Signature of an organizer(s). (An organizer or is acting in behalf of a required, and exist or members). Signature Typed Name: RACHEL Dyk Signature | nizer is a member, Secretary of State use only ling, initial member 및 |
| or members). | 量いからくる |
| Signature // //// | - legal |
| Typed Name: RACHEL DVK | IDAHO SECRETARY OF STATE |
| Signature | CX: 2891 CT: 229568 BH: 11350 |