



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

09 APR 20 PM 2:15

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

TECHNOLOGY PROFESSIONALS LLC

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

3210 E CHINDEN BLVD SUITE 115 EAGLE ID 83616

(Street Address)

(Mailing Address, if different than street address)

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

NIGEEN M VAN VLIET

(Name)

2632 N GOLDENEYE WAY MERIDIAN ID 83646

(Street Address)

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

**Name**

**Address**

NIGEEN M VAN VLIET

2632 N GOLDENEYE WAY MERIDIAN ID 83646

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

3210 E CHINDEN BLVD SUITE 115 EAGLE ID 83616

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name:

NIGEEN M VAN VLIET

Signature

Typed Name:

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE  
04/20/2009 05:00  
CK: 2003 CT: 234454 DN: 1166747  
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