

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

2012 JUL 11 AM 8: 47 SECRETARY OF STATE

(Instructions on ba 1. The name of the professional lim	
2 The complete street and mailing	addresses of the initial designated office:
2248 W IRONWOOD CENTER DRIVE	
(Street Address)	
(Mailing Address, if different than street addre	ess)
3. The name and complete street ac	
o. The hame and complete substan	
ROBERT BLESSING	2248 W IRONWOOD CENTER DRIVE, CDA, IDAHO
(Name)	(Street Address)
liability company:	st one member or manager of the professional limited
<u>Name</u> ROBERT BLESSING	2248 W IRONWOOD CENTER DRIVE, CDA, IDAHO
Mailing address for future corresp	pondence (annual report notices):
2248 W IRONWOOD CENTER DRIVE	E, CDA, IDAHO
6. Future effective date of filing (opt	tional):
professions for which members at	professional company, and the principal profession or reduly licensed or otherwise legally authorized to render
professional services is.	
Signature of a manager, member	or authorized
person.	Secretary of State use only
	333333, 37 3333 333 333
Signature	
Typed Name: ROBERT BLESSING	
Signature	IDAHO SECRETARY OF STATE
Typed Name:	CK: 6296 CT: 141312 PM: 13349

1 0 100.00 = 100.00 PROF LLC # 2

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