

FILED EFFECTIVE



# CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 MAY 24 AM 9:15  
SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the professional limited liability company is:

Andrus and Associates, PLLC

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

637 S Belle Arbor Dr.

(Street Address)

Idaho Falls, ID 83406

(Mailing Address, if different than street address)

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

Michael S Andrus

(Name)

637 S Belle Arbor Dr Idaho Falls, ID 83406

(Street Address)

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

Name

Address

Michael S Andrus

637 S Belle Arbor Dr. Idaho Falls, ID 83406

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

637 S Belle Arbor Dr. Idaho Falls, ID 83406

6. Future effective date of filing (optional): \_\_\_\_\_

7. The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is: Certified Public Accountancy

Signature of an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Signature Michael S Andrus

Typed Name: Michael S Andrus

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

g:\corp\forms\LLC forms\cert\_org\_llc.PMD  
Revised 07/2008

IDAHO SECRETARY OF STATE  
05/24/2010 05:00  
CK: 2029 CT: 230230 BH: 1223636  
1 @ 100.00 = 100.00 PROF LLC # 2

W93623