



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

2015 APR -6 AM 9:21

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Gaffney and Gorman, PLLC

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

591 Park Avenue, Suite 202

(Street Address)

Idaho Falls, Idaho 83402

(Mailing Address, if different than street address)

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

Laurie Baird Gaffney

(Name)

591 Park Ave., Ste 202, Idaho Falls, ID 83402

(Street Address)

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

Name

Address

Tracy W. Gorman

591 Park Ave., ste 202, Idaho Falls, ID 83402

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

591 Park Ave, Ste 202, Idaho Falls, ID 83402

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: Law

Signature of a manager, member or authorized person.

Signature

Tracy W. Gorman

Typed Name: Tracy W. Gorman

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

04/06/2015 05:00

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10 100.00 = 100.00 PROF LLC #2

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