



0006162058

**STATE OF IDAHO**

Office of the secretary of state, Phil McGrane

**CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

Idaho Secretary of State

PO Box 83720

Boise, ID 83720-0080

(208) 334-2301

Filing Fee: \$100.00

For Office Use Only

**-FILED-**

File #: 0006162058

Date Filed: 3/20/2025 8:46:24 AM

| Certificate of Organization Limited Liability Company                                                                                                                                  |                                                                                                                                                                                       |      |         |                    |                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|--------------------|--------------------------------------------|
| Select one: Standard, Expedited or Same Day Service (see descriptions below)                                                                                                           | Expedited (+\$40; filing fee \$140)                                                                                                                                                   |      |         |                    |                                            |
| 1. Limited Liability Company Name                                                                                                                                                      |                                                                                                                                                                                       |      |         |                    |                                            |
| Type of Limited Liability Company                                                                                                                                                      | Professional Limited Liability Company                                                                                                                                                |      |         |                    |                                            |
| Entity name                                                                                                                                                                            | Ascentarix Environmental Engineering PLLC                                                                                                                                             |      |         |                    |                                            |
| Profession                                                                                                                                                                             |                                                                                                                                                                                       |      |         |                    |                                            |
| The business is organized to practice the profession of:                                                                                                                               | Engineering                                                                                                                                                                           |      |         |                    |                                            |
| Regulated Word Upload                                                                                                                                                                  |                                                                                                                                                                                       |      |         |                    |                                            |
| 2. The complete street address of the principal office is:                                                                                                                             |                                                                                                                                                                                       |      |         |                    |                                            |
| Principal Office Address                                                                                                                                                               | 2920 S VETERANS DR<br>POST FALLS, ID 83854                                                                                                                                            |      |         |                    |                                            |
| 3. The mailing address of the principal office is:                                                                                                                                     |                                                                                                                                                                                       |      |         |                    |                                            |
| Mailing Address                                                                                                                                                                        | 2920 S VETERANS DR<br>POST FALLS, ID 83854-8951                                                                                                                                       |      |         |                    |                                            |
| 4. Registered Agent Name and Address                                                                                                                                                   |                                                                                                                                                                                       |      |         |                    |                                            |
| Registered Agent                                                                                                                                                                       | Registered Agent<br>Charles David Hand<br>Physical Address:<br>2920 S VETERANS DR<br>POST FALLS, ID 83854-8951<br>Mailing Address:<br>2920 S VETERANS DR<br>POST FALLS, ID 83854-8951 |      |         |                    |                                            |
| <input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.                                           |                                                                                                                                                                                       |      |         |                    |                                            |
| 5. Governors                                                                                                                                                                           |                                                                                                                                                                                       |      |         |                    |                                            |
| <table border="1"><thead><tr><th>Name</th><th>Address</th></tr></thead><tbody><tr><td>Charles David Hand</td><td>2920 S VETERANS DR<br/>POST FALLS, ID 83854</td></tr></tbody></table> |                                                                                                                                                                                       | Name | Address | Charles David Hand | 2920 S VETERANS DR<br>POST FALLS, ID 83854 |
| Name                                                                                                                                                                                   | Address                                                                                                                                                                               |      |         |                    |                                            |
| Charles David Hand                                                                                                                                                                     | 2920 S VETERANS DR<br>POST FALLS, ID 83854                                                                                                                                            |      |         |                    |                                            |
| Signature of Organizer:                                                                                                                                                                |                                                                                                                                                                                       |      |         |                    |                                            |
| <i>Charles Hand</i>                                                                                                                                                                    | <i>03/20/2025</i>                                                                                                                                                                     |      |         |                    |                                            |
| Sign Here                                                                                                                                                                              | Date                                                                                                                                                                                  |      |         |                    |                                            |

B0998-2051 03/20/2025 8:46 AM Received by Office of the Idaho Secretary of State



State of Idaho  
Division Of Occupational and Professional Licenses  
Board of Professional Engineers and Land Surveyors

**BRAD LITTLE**  
Governor  
**RUSSELL BARRON**  
Administrator

11341 W Chinden Blvd.  
P.O. Box 83720  
Boise, ID 83720-0063  
(208) 334-3233  
dopl.idaho.gov

March 20, 2025

Dear Charles:

We note that the business name of *DBA Ascentrarix EE PLLC.*, has been changed to **Ascentarix Environmental Engineering PLLC.** We have updated our records to reflect this change. The company will remain authorized to perform professional engineering services. The COA number of **7271856** will remain unchanged. This COA is current through **March 31, 2026.**

If you have any questions, please contact me at the Board office.

Sincerely yours,

Patty Sayre  
Licensing for Idaho Board of PE and PLS  
Division of Occupational and  
Professional Licensing