

Typed Name:

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

10 MAY 28 AM 9: 23

| | >> LIMITED LIABILIT | Y COMPANY | SECRETARY OF STATE | |
|------|---|---|---------------------------------------|--|
| | (Instructions on back of | of application) | SECRETARY OF STATE STATE OF IDAHO | |
| ۱. ٔ | The name of the professional limited | liability company is: | | |
| | Lev | esque Law, PLLC | | |
| 2. ' | The complete street and mailing addresses of the initial designated/principal office: 176 E. Calderwood Drive, Suite 150, Meridian, ID 83642 | | | |
| | (Street Address) | N/A | | |
| | (Mailing Address, if different than street address) | | | |
| | The name and complete street address of the registered agent: | | | |
| | Angela Levesque | 176 E. Calderwood Dr., | Suite 150, Meridian, ID 83642 | |
| | (Name) | (Street Address) | | |
| | | | | |
| | The name and address of at least on | e member or manage | r of the professional limited | |
| | liability company: Name | | Address | |
| | Angela Levesque | _ | Suite 150, Meridian, ID 83842 | |
| | Arigaia Levesque | 170 E. Caldel Wood Di., | Oute 100, Metalen, ID 000-12 | |
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| | \$ | | | |
| | | | | |
| . | Mailing address for future correspond | lence (annual report r | notices): | |
| | • | Dr., Suite 150, Meridian, I | • | |
| | | | | |
| | | | 9. | |
| | Future effective date of filing (optiona | ıl): | | |
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| | The limited liability company is a prof | fessional company, ar | · · · · · · · · · · · · · · · · · · · | |
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| • | The limited liability company is a prof | fessional company, ar ly licensed or otherwis | · · · · · · · · · · · · · · · · · · · | |
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