

CERTIFICATE OF ORGANIZATION **PROFESSIONAL** LIMITED LIABILITY COMPANY

2013 MAR 22 AM 9: 35

SECTION

	(Instructions on bac	k of application)	STATE OF LUMO
1. The name	of the professional limit	ed liability company is:	3/指注:計劃計0
-	,	Jason Brown, PLLC	
2. The comple	The complete street and mailing addresses of the initial designated office:		
	rway, Pocatello, ID 83201		
(Street Addre	ess) 126, Pocatello, ID 83206		
	iress, if different than street address)		
3. The name	and complete street add	iress of the registered age	ent:
Jason Brow	vn	2380 S Fairway, Pocatello,	ID 83201
(Name)		(Street Address)	10 00201
4. The name liability con	npany:	one member or manager	of the professional limited
Jason Brow	<u>Name</u>	Ad 2380 S Fairway, Pocatello,	dress
5. Mailing add	dress for future correspo	ndence (annual report no	tices):
	126 Pocatello ID 83206		
6. Future effe	ctive date of filing (option	nal);	
professions	s for which members are o	rofessional company, and duly licensed or otherwise l advocacy practice on the Fort H	the principal profession or legally authorized to render tall Reservation
Signature of a person.	manager, member or	authorized	
, J. 50011.	1110		Secretary of State use only
Signature	7		
Гуреd Name: 🤟	Jason Brown		
Signature			IDAHO SECRETARY OF STATE 03/22/2013 05:00
Typed Name:		C	K: 5080 CT: 280954 BH: 1365905 0 100.00 = 100.00 PKOFIIC # 2

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