

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 18 AM 8: 42

(Instructions on back of application) SECRETARY OF STATE

1.	The name of the limited liability company is:		
	Summit	Professional Advisors, LLC	
2.	The complete street and mailing addresses of the initial designated/principal office: 3400 Merlin Drive, Idaho Falls, ID 83404		
	(Street Address)		-
	(Mailing Address, if different than street address)		_
3.	The name and complete street address of the registered agent:		
	Kevin Tallman	2775 St Clair Road # C106, Idaho Falls, ID 83404 (Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u> Kevin Tallman	<u>Address</u> 2775 St Clair Road # C106, Idaho Falls, ID 83404	
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	. <u> </u>		-
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			-
5.	Mailing address for future correspondations 3400 Media	ndence (annual report notices): n Drive, idaho Falls, ID 83404	
6.	Future effective date of filing (option		-
			_
_	nature of organizer(s). (An organizer is a		
	W. e. J.	Secretary of State use only	
-	nature Jam 3 Cellman		
Тур	ped Name: Kevin Tallman	IDAHO SECRETARY 9007/10 96/18/2010 CK: 464 CT: 118617 1 @ 100.00 = 100.00	
Sig	nature	IDAHO SECRETARY 96 / 18/2010	OF STATE
_	ped Name:	CK: 464 CT: 118617 1 @ 180.00 = 180.00	95:A

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