

ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

2007 AUG -1 AM 8: 41 ECT

(Instructions on back of application)

Feltman & Garrison PLLC The professional LLC is organized for the practice in the profession of:accountancy The address of the initial registered office is:675 Sun Valley Road, Suite A, Ketchum, ID 83340 and the name of the initial registered agent is:Edward A. Lawson Management of the professional limited liability company will be vested in: Management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one manager. If management is to be vested in members, list the name(s) and address(es) of at least one initial member. Name		•	ON IT OF IDAHO
Address of the initial registered office is: 675 Sun Valley Road, Suite A, Ketchum, ID 83340 and the name of the initial registered agent is: 675 Sun Valley Road, Suite A, Ketchum, ID 83340 and the name of the initial registered agent is: 675 Sun Valley Road, Suite A, Ketchum, ID 83340 and the name of the initial registered agent is: 675 Sun Valley Road, Suite A, Ketchum, ID 83340 and the name of the initial registered agent is: 675 Sun Valley Road, Suite A, Ketchum, ID 83340 and the name of the initial registered agent is: 675 Sun Valley Road, Suite A, Ketchum, ID 83340 and the name of the initial registered agent is: 675 Sun Valley Road, Suite A, Ketchum, ID 83340 and the name of the initial registered agent is: 675 Sun Valley Road, Suite A, Ketchum, ID 83340 and the name of the initial registered agent is: 675 Sun Valley Road, Suite A, Ketchum, ID 83340 and the name of the initial registered agent is: 675 Sun Valley Road, Suite A, Ketchum, ID 83340 and the name of the initial registered agent is: 675 Sun Valley Road, Suite A, Ketchum, ID 83340 and address (s) of at least one manager. 675 Sun Valley Road, Suite A, Ketchum, ID 83340 and address (s) of at least one manager. 675 Sun Valley Road, Suite A, Ketchum, ID 83340 and address (s) of at least one manager. 675 Signature	1. -	The name of the professional limited liability of Feltman & Ga	company is: arrison PLLC
and the name of the initial registered agent is: Edward A. Lawson Management of the professional limited liability company will be vested in: Manager(s)	2.	The professional LLC is organized for the pra	ctice in the profession of:accountancy
Management of the professional limited liability company will be vested in: Manager(s) Member(s)	3.	The address of the initial registered office is:	675 Sun Valley Road, Suite A, Ketchum, ID 83340
Manager(s) Member(s) 5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one manager. If management is to be vested in members, list the name(s) and address(es) of at least one initial member. Name Address Michael Feltman Post Office Box 985, Ketchum, Idaho 83340 Signature Typed Name Michael Feltman Capacity Manager Signature Typed Name Idaho Secretary of State Capacity Idaho Secretary		and the name of the initial registered agent is:	Edward A. Lawson
if management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one manager. If management is to be vested in members, list the name(s) and address(es) of at least one initial member. Name Address Michael Feitman Post Office Box 985, Ketchum, Idaho 83340 Signature(s) of at least one person responsible for forming the limited liability company: Signature Typed Name Michael Feitman Capacity Manager Signature Typed Name	4.	Management of the professional limited liabilit	ty company will be vested in:
address(es) of at least one manager. If management is to be vested in members, list the name(s) and address(es) of at least one initial member. Name Address Michael Feitman Post Office Box 985, Ketchum, Idaho 83340 Signature(s) of at least one person responsible for forming the limited liability company: Signature Typed Name Michael Feitman Capacity Manager Signature Typed Name		☑ Manager(s) ☐ Men	nber(s)
Michael Feltman Post Office Box 985, Ketchum, Idaho 83340 Signature(s) of at least one person responsible for forming the limited liability company: Signature Typed Name Michael Feltman Capacity Manager Signature Typed Name	5.	address(es) of at least one manager. If mana	agement is to be vested in members, list the
Signature Typed Name		Name	Address
Signature Typed Name Michael Feltman Capacity Manager Signature Typed Name IDAHO SECRETARY OF STATE Typed Name CK: 2649 CT: 159456 BH: 18685		Michael Feitman	Post Office Box 985, Ketchum, Idaho 83340
Signature Typed Name Michael Feltman Capacity Manager Signature Typed Name IDAHO SECRETARY OF STATE Typed Name CK: 2649 CT: 159456 BH: 18685	ere o		
Typed Name Michael Feltman Signature IDAHO SECRETARY OF STATE CK: 2649 CT: 159456 BH: 18685	8. S	Signature(s) of at least one person responsible	for forming the limited liability company:
Typed Name Michael Feltman Signature IDAHO SECRETARY OF STATE CK: 2649 CT: 159456 BH: 18685	9	signature //// /ell	
Capacity Manager 5 5 5 5 5 5 5 5 5		-	8
Signature			
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