



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2016 OCT 31 AM 9:47

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the professional limited liability company is:

David E Coleman CPA, PLLC

2. The complete street and mailing addresses of the principal office is:

401 Gooding St N Ste 201, Twin Falls, ID 83301

(Street Address)

PO Box 1293, Twin Falls, ID 83303-1293

(Mailing Address, if different)

3. Name and street address of registered agent in Idaho:

David E Coleman

435 Park Terrace Dr, Twin Falls, ID 83301

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

David E Coleman

435 Park Terrace Dr, Twin Falls, ID 83301

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

5. Mailing address for future correspondence (annual report notices):

PO Box 1293, Twin Falls, ID 83303-1293

(Address)

6. The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is:

Certified or Licensed Public Accountancy

7. Signature of a manager, member, or an organizer.

Printed Name: David E Coleman

Signature: David E. Coleman

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

10/31/2016 05:00

CK:1027 CT:330668 BH:1553033

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