

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

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

Jay Bride CPA PLLC

2. The complete street and mailing addresses of the initial designated office:

320 2nd Ave N Twin Falls ID 83301

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Jay Bride

(Name)

320 2nd Ave N Twin Falls ID 83301

(Street Address)

4. The name and address of at least one member or manager of the professional limited liability company:

Name

Address

Jay Bride

320 2nd Ave N Twin Falls ID 83301

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

320 2nd Ave N Twin Falls ID 83301

6. Future effective date of filing (optional):

7. 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: Accounting

Signature of a manager, member or authorized person.

Signature

Typed Name: Jay Bride

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

12/18/2014 05:00

CK: 3597 CT: 218695 BH: 1453529

100.00 = 100.00 PROF LLC #2

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