

CERTIFICATE OF ORGANIZATION PROFESSIONAL

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	PRUFESS	. •	12 Juni - 5 All 9: 45
WEG.	" LIMITED LIABILIT		SECRETARY OF STATE STATE OF IDAHO
1. Th	Instructions on back) ne name of the professional limite	• •	STATE OF TOAHO
ŧ. ĮI	•	of transmity company is. Office of Stacey DePew PLL	٦
2. Ti	The complete street and mailing addresses of the initial designated office:		
	414 N. Lincoln Ste. 2 Jerome, Idaho		
-	(Street Address)		
-	PO Box 9 Jerome, Idaho 83338 (Mailing Address, if different than street address)		
3. T	The name and complete street address of the registered agent:		
5	Stacey DePew	414 N. Lincoln Ste.2 Jerom	ne. Idaho 83338
_	(Name)	(Street Address)	
	Ibility company: Name Stacey DePew	As 414 N. Lincoln Ste. 2 Jeron	idress ne, Idaho 83338
	ailing address for future correspor	ndence (annual report no	tices):
6. F	uture effective date of filing (option	nal):	
pr	he limited liability company is a professions for which members are deforessional services is: Attorney at L	luly licensed or otherwise	
_	ture of a manager, member or	authorized	·
persor	$M \sim M$) \ [Secretary of State use only
Signat	ture Devel lek	lew	
Typed	Name: Stacey DePew/	74-	
Signat	ure		IDANO SECRETARY OF STATE
Typed	Name:		01/06/2012 05:0 CK: 2279 CT: 238438 RH: 1384

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