



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

09 MAY -4 AM 8:14

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Mullen Professional Services, LLC

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

690 Redman Chubbuck, ID 83202

(Street Address)

(Mailing Address, if different than street address)

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

Kristine L. Mullen

(Name)

690 Redman Chubbuck, ID 83202

(Street Address)

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

**Name**

Kristine L. Mullen

**Address**

690 Redman Chubbuck, ID 83202

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

690 Redman, Chubbuck, ID 83202

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature \_\_\_\_\_

Typed Name: Kristine L. Mullen

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE  
05/04/2009 05:00  
CK: 1773 CT: 236718 DN: 1168728  
1 @ 100.00 = 100.00 ORGAN LLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3

W83646