



**CERTIFICATE OF ORGANIZATION
PROFESSIONAL
LIMITED LIABILITY COMPANY**

2015 MAY 21 AM 11:44

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Ben Johnston CPA, PLLC

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

1701 Johnson RD

(Street Address)

Coeur d'Alene ID, 83814

(Mailing Address, if different than street address)

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

Ben Johnston

(Name)

1701 Johnson RD, Coeur d'Alene ID 83814

(Street Address)

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

Name

Address

Ben Johnston

1701 Johnson RD, Coeur d'Alene ID 83814

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

1701 Johnson RD, Coeur d'Alene ID 83814

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: Certified Public Accountant

Signature of a manager, member or authorized person.

Signature *Ben Johnston*

Typed Name: Ben Johnston

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

05/21/2015 05:00

CK:2857634 CT:172099 BH:1476491

1@ 100.00 = 100.00 PROF LLC #2

W151989