

Signature: ___

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE 2018 JAN 22 AM 9: 40

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed Complete and submit the application in <u>duplicate</u>.

SECRETARY OF STATE STATE OF IDAHO

1.	1. The name of the professional limited liability company is: Kearsley CPAs, PLLC			
2.	The complete street and mailing addresses of the principal office is: 4843 E Rockwood Ave, Iona, ID 83427			
	(Street Address) PO Box 391, Iona, ID 8342 (Mailing Address, if different)	27		
3.	Name and street address of registered agent <u>in Idaho</u> :			
	Brian Kearsley		wood Ave, Iona, ID 83427	
	(Name)	(Address)		
4.	The name and address of at least one governor of the limited liability company:			
	Brian Kearsley	4843 E Rockwood Ave, Iona ID 83427		
	(Name)	(Address)		
	(Name)	(Address)		
	(Name)	(Address)		
5.	Mailing address for future correspondence (annual report notices):			
	PO Box 391, Iona, ID 83427 (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			
		ļ	Secretary of State use only	
7.	Signature of a manager, member	, or an organizer.	Georgially of State use only	
Printed Name: Brian Kearsley			IDAHO SECRETARY OF STATE	
72. 1/			01/22/2018 05:00	
Sig	nature:		CK:116 CT:351415 BH:1622492 10 100.00 = 100.00 PROF LLC #2	
Deid	nted Name:			