

Typed Name:

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

09 SEP 30 PM 12: 59

SECRETARY OF STATE STATE OF IDAHO

(Instructions on back of application)

1. The name of the professional limit	ted liability company is:
•	
TEFFE	ETELLER LAW FIRM, PLLC
•	addresses of the initial designated/principal office: ALSEY DRIVE, EAGLE, ID 83616
(Street Address)	
	IOX 2107, EAGLE, ID 83616
(Malling Address, if different than street address	
The name and complete street add	dress of the registered agent:
ROBERT TEFFETELLER	2319 E. HALSEY DRIVE, EAGLE, ID 83616
(Name)	(Street Address)
 The name and address of at least liability company: Name 	one member or manager of the professional limited Address
ROBERT TEFFETELLER	2319 E. HALSEY DRIVE, EAGLE, ID 83616
5. Mailing address for future correspond	ondence (annual report notices):
P.O. B	OX 2107, EAGLE, ID 83616
Future effective date of filing (option)	onal):
professions for which members are	professional company, and the principal profession or duly licensed or otherwise legally authorized to render LAW
•	
Signature of an organizer(s). (An organic or is acting in behalf of a required, and existing or members). Signature Typed Name: ROBERT TEFFETE Signature	izer is a member, Secretary of State use only
O Manuels).	,
Signature VVV (4) 47 V	IDAHO SECRETARY OF STATE
Typed Name: ROBERT TEFFETE	LLER 188 09/30/2009 05:00
Signature	1 2 108.00 = 100.00 PROF LLC 9

W87298