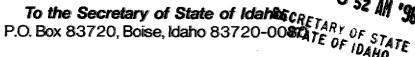
ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY & OMPANY





f: certified public accoun	npany is organized for the practice of the profession(s)
he address of the initial registered	office is 834 Falls Avenue, Suite 1220,
Twin Falls, Idaho 83301	(not a PO Box) , and the name of the
	essis David C. Van Engelen
	DOC. U.E.S.
Signature of registered agent:	- Contract of the second
he latest date certain on which the	professional limited liability company will dissolve is:
muyust II, 2027	
management of the limited liability	y company vested in a manager or managers? No (check appropriate box) nore manager(s), list the name(s) and address(es) of at
s management of the limited liability Yes management is vested in one or meast one initial manager. If manage	No (check appropriate box) nore manager(s), list the name(s) and address(es) of at ement is vested in the members, list the name(s) and
management of the limited liability Yes management is vested in one or meast one initial manager. If manage	No (check appropriate box) nore manager(s), list the name(s) and address(es) of at ement is vested in the members, list the name(s) and
management of the limited liability Yes management is vested in one or meast one initial manager. If managed ddress(es) of at least one member. Name:	No (check appropriate box) nore manager(s), list the name(s) and address(es) of at ement is vested in the members, list the name(s) and Address:
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