

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE **PROFESSIONAL** LIMITED LIABILITY COMPANY

2013 SEP -3 PM 2: 47

(Instructions on back of application)

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

SECRETARY OF STATE STATE OF IDAHO

Lar	w Office of David Arkoosh J.D. PLLC
The complete street and mai	iling addresses of the initial designated office:
3152 S Bown Way, Boise, ID 83	3706
(Street Address)	
(Mailing Address, if different than street	t address)
The name and complete stre	eet address of the registered agent:
	#3
David Arkoosh	3152 S. Bown Way, Boise, ID 83706
(Name)	(Street Address)
. The name and address of at liability company:	least one member or manager of the professional limited
Name	Address
David Arkoosh	3152 S. Bown Way, Boise, ID 83706
3152 S. Bown Way, Boise, ID 8	orrespondence (annual report notices): 33706 (optional):
. Puttile ellective date of illing	(Optional)
• • •	
erson.	bei of authorized
<u> </u>	Secretary of State use only
gnature	
ped Name: David Arkoosh	
gnature	
/ped Name:	PARIS OCCUPANT OF STATE
	IDAHO SECRETARY OF STATE 99/03/2013 05:00