



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

2013 APR 22 AM 9:38

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

David L. Spoede, Attorney, PLLC

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

390 Rainbow Lane

(Street Address)

Moyie Springs, ID 83845

(Mailing Address, if different than street address)

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

David L. Spoede

(Name)

390 Rainbow Lane, Moyie Springs, ID 83845

(Street Address)

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

Name

Address

David L. Spoede

390 Rainbow Lane, Moyie Springs, ID 83845

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

390 Rainbow Lane, Moyie Springs, ID 83845

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: Legal

Signature of a manager, member or authorized person.

Signature

David Spoede

Typed Name: David L. Spoede

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/22/2013 05:00
CK: 1576 CT: 262193 BH: 1378407
1 @ 100.00 = 100.00 PROF LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3