



# **CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY**

**FILED EFFECTIVE**

2014 NOV 24 AM 9:4

SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

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

Nikeela R. Black, PLLC

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

20244 Top Rd. Greenleaf, ID 83626

(Street Address)

(Mailing Address, if different than street address)

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

Nikeela R. Black

(Name)

20244 Top Rd. Greenleaf, ID 83626

(Street Address)

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

Name

Address

Nikeela R. Black

20244 Top Rd. Greenleaf, ID 83626

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

20244 Top Rd. Greenleaf, ID 83626

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: Law

Signature of a manager, member or authorized person.

Signature Nikeela Black

Typed Name: Nikeela R. Black

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

11/24/2014 05:00

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