

CERTIFICATE OF ORGANIZATION SEP 21 AM 8: 33 PROFESSIONAL LIMITED LIABILITY COMPANY STATE

	(Instructions on back	of application)
1.	The name of the professional limite	ed liability company is:
	Te	ecla Markosky, PLLC
2.	2. The complete street and mailing addresses of the initial designated/principal office:	
	676 W Pullman Rd #330, Moscow, ID 83843-2061	
	(Street Address)	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	Tecla Markosky	676 W Pullman Rd. #330, Moscow, ID 83843-2061
	(Name)	(Street Address)
	liability company: Name Tecla Markosky	Address 676 W Pullman Rd #330, Moscow, ID 83843-2061
5. Mailing address for future correspondence (annual report notices): 676 W Pullman Rd. # 330, Moscow, ID 83843-2061		
6.	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: attorney at law		
Sig	nature of a manager, member or	authorized
per	son.	Secretary of State use only
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_	nature Tecla Markosky	
	ped Name: Tecla Markosky	
Sig	nature	
Тур	ped Name:	IDANC SECRETARY OF STATE 09/21/2011 05:00 CK: 1819 CT: 262609 BH: 1291193 1 8 100.88 = 180.00 PROFILE # 2
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