

CERTIFICATE OF ORGANIZATION PROFESSIONAL

(Instructions on back of application)

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

Typed Name:

FILED

2013 JUN 27 PM 3: 42

SECRETARY OF STATE STATE OF IDAHO

LIMITED LIABILITY COMPANY

	De	Etta L. Ewing Pi	LC
2.	The complete street and mailing addresses of the initial designated office:		
	701 Arthur Street (Street Address) Caldwell, ID 83605		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Frank H. Lamb		e., Caldwell ID 83605
	(Name)	(Street Address)
4.	I. The name and address of at least one member or manager of the professional lir liability company:		
	<u>Name</u>	<u>Address</u>	
	De Etta L. Ewing 701 Arthur Street, Caldwell		eet, Caldwell, ID 83605
		 	
			
5.	Mailing address for future correspondence (annual report notices):		
	701 Arthur Street, Caldwell ID 83605		
6.	Future effective date of filing (optional): July 1, 2013		
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: Architecture		
_	nature of a manager, member or son.	authorized	
pei.		[Secretary of State use only
Sig	nature Ob Uta V. Lewi	va_	
Тур	ed Name: De Etta L. Ewing		
Sig	nature		IDAHO SECRETARY OF STATE 96/27/2013 95:99
Typed Name			CK: 1023 CT: 284790 BH: 1380034 1 0 100.00 = 100.00 PROF LLC # 2

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