ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

To the Secretary of State of Idaho, Statehouse, Boise, Idaho 83720

00 JAN 18 AM 10: 1



	otatorioado, boido,		STATE OF IDAHO
1.	The name of the professional limited li	ability company is	:
	Jones, Brower & Ca	illery, P.L.L.C.	··· · · · · · · · · · · · · ·
2.	The professional limited liability compared: Law	any is organized fo	or the practice of the profession(s)
3.	The address of the initial registered of	fice is 1304 Idaho (not a PO Box)	Street/Lewiston ID 83501
	initial registered agent at that address	is Thomas W.	Callery
	Signature of registered agent:	zw. Ce	e
4.	The latest date certain on which the pr		
	Is management of the limited liability of Yes If management is vested in one or more least one initial manager. If management address(es) of at least one member.	t⊠kNo e manager(s), list	the name(s) and address(es) of at e members, list the name(s) and
	☐ Yes If management is vested in one or more least one initial manager. If management address(es) of at least one member. Name:	t⊠kNo re manager(s), list ent is vested in the	(check appropriate box) the name(s) and address(es) of at e members, list the name(s) and Address:
	☐ Yes If management is vested in one or more least one initial manager. If management address(es) of at least one member.	t⊠kNo re manager(s), list ent is vested in the	the name(s) and address(es) of at e members, list the name(s) and
	☐ Yes If management is vested in one or more least one initial manager. If management address(es) of at least one member. Name: Thomas W. Callery	txkNo re manager(s), list ent is vested in the 213 3rd Ave 3339 16th St	(check appropriate box) the name(s) and address(es) of at e members, list the name(s) and Address: nue/Lewiston ID 83501 reet/Lewiston ID 83501
	☐ Yes If management is vested in one or more least one initial manager. If management address(es) of at least one member. Name: Thomas W. Callery Garry W. Jones	txkNo re manager(s), list ent is vested in the 213 3rd Ave 3339 16th St	(check appropriate box) the name(s) and address(es) of at e members, list the name(s) and Address: enue/Lewiston ID 83501 reet/Lewiston ID 83501
5 .	☐ Yes If management is vested in one or more least one initial manager. If management address(es) of at least one member. Name: Thomas W. Callery Garry W. Jones	txkNo re manager(s), list ent is vested in the 213 3rd Ave 3339 16th St	(check appropriate box) the name(s) and address(es) of at e members, list the name(s) and Address: enue/Lewiston ID 83501 reet/Lewiston ID 83501