

CERTIFICATE OF ORGANIZATION ILED EFFECTIVE

	PROFESSI LIMITED LIABILIT		2014 NOV -7 AM 9: 04
	(Instructions on back		SECRETARY OF STATE STATE OF IDAHO
1.	The name of the professional limited	, ,	01142.01 101410
	Thoma	as D. Smith Law, PLLC	
<u>.</u> .	The complete street and mailing addresses of the initial designated office:		
	275 South Fifth Avenue, Suite 247, Pocatello, Idaho 83201		
	(Street Address) P.O. Box 4991, Pocatelio, Idaho 83205		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Thomas D. Smith	275 South Fifth Ave., Suite	e 247, Pocatello, Idaho 83201
	(Name)	(Street Address)	
	The name and address of at least or liability company:	ne member or manager	·
		ne member or manager	ddress
	liability company: Name	ne member or manager A	ddress
	liability company: Name	ne member or manager A P.O. Box 4991, Pocatello,	ddress Idaho 83205
	liability company: Name Thomas D. Smith	ne member or manager A P.O. Box 4991, Pocatello,	ddress Idaho 83205
ō.	liability company: Name Thomas D. Smith Mailing address for future correspon	ne member or manager A P.O. Box 4991, Pocatello,	ddress Idaho 83205

Signature of a manager, member or authorized person.

Signature 'A

Typed Name: Thomas D. Smith

Signature ___

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE 11/07/2014 05:00

CK:62 CT:302976 BH:1448509 16 100.00 = 100.00 PROF LLC #2 10 20.00 = 20.00 EXPEDITE C #3