

Signature: \_

## CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

**FILED EFFECTIVE** 

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed Complete and submit the application in <u>duplicate</u>. 2015 SEP 29 AM 8: 18

SECRETARY OF STATE

The name of the professional I	imited lighility common to	STATE OF IEMIO
. The name of the professional I	miled liability company is:	
Aaron D. Roepke, PLLC		
. The complete street and mailin	g addresses of the principal office i	s:
401 E. Veatch Street, Mo		
(Street Address)		
PO Box 9003, Moscow ID	83843	
(Mailing Address, if different)	<del></del>	
Name and street address of re	gistered agent <u>in Idaho</u> :	
Aaron D. Roepke	401 E. Veatch Street, Moscow ID 83843	
(Name)	(Address)	
. The name and address of at le	ast one governor of the limited liab	ility company:
Aaron D. Roepke	401 E. Veatch Street, Moscow ID 83843	
(Name)	(Address)	
(Name)	(Address)	
(Name)	(Address)	
. Mailing address for future corre	espondence (annual report notices)	;
PO Box 9003, Moscow ID	83843	
(Address)	<del></del>	
	lly authorized to render professions	rincipal profession or professions for which members are al services is:
	Law	
		Secretary of State use only
. Signature of a manager, me	<del>-</del>	
rinted Name:		IDAHO SECRETARY OF STATE
	77	09/29/2015 05:00
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rinted Name:		
THREW ITEMIC,	<del></del>	

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