

**FILED EFFECTIVE**

SECRETARY OF STATE  
STATE OF IDAHO

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

**2. The complete street and mailing addresses of the initial designated/principal office:**

**516 Hansen Street East, Twin Falls, ID 83301**

**3. The name and complete street address of the registered agent:**

**516 Hansen Street East, Twin Falls, ID 83301**

(Street Address)

4. The name and address of at least one member or manager of the professional limited liability company:

**Address**

**516 Hansen Street East, Twin Falls, ID 83301**

**516 Hansen Street East, Twin Falls, ID 83301**

1419 W. Washington, Boise, ID 83702

**5. Mailing address for future correspondence (annual report notices):**

**516 Hansen Street East, Twin Falls, ID 83301**

6. Future effective date of filing (optional): N/A

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: Law Firm

**Signature of an organizer(s).** (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Signature \_\_\_\_\_

Typed Name: J. Justin May, Member

Signature \_\_\_\_\_

Typed Name:

Secretary of State use only

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Revised: 07/2009

IDAHO SECRETARY OF STATE  
06/12/2009 05:00  
CK: 15666 CT: 106291 DN: 1174451  
1 @ 100.00 = 100.00 PROF LLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3

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