

**FILED EFFECTIVE**

# **CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY**

11 FEB -2 PM 3:35

STATE OF IDAHO

(Instructions on back of application)

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

Jeff McDonough CPA, PLLC

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

10369 W Emerald St, Suite 100, Boise, ID 83704

(Street Address)

(Mailing Address, if different than street address)

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

Jeff McDonough

(Name)

10369 W Emerald St, Suite 100, Boise, ID 83704

(Street Address)

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

**Name**

**Address**

Jeff McDonough

10369 W Emerald St, Suite 100, Boise, ID 83704


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

10369 W Emerald St, Suite 100, Boise, ID 83704

6. Future effective date of filing (optional): \_\_\_\_\_

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: Certified Public Accountancy

Signature of a manager, member or authorized person.

Signature 

Typed Name: Jeff McDonough

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

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02/02/2011 05:00  
CK: 598283 CT: 172099 BH: 1258200  
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