

Typed Name:

## CERTIFICATE OF ORGANIZATION EFFECTIVE **PROFESSIONAL**

09 APR 21 PM 1=27

| LIMITED LIABILI  | TY COMPANY SECRETARY C   | F STATE          |
|--|--|------------------|
| (Instructions on bac   | k of application)  SECRETARY OF I  | DAHO             |
| 1. The name of the professional limit  | ed liability company is:   |                  |
|  | Tanner Law, P. L. L. C.  |                  |
| 2. The complete street and mailing a   | ddresses of the initial designated/princip   | al office:       |
| · · · · · · · · · · · · · · · · · · ·  | en St. E. Twin Falls, ID 83301   |                  |
| (Street Address)   | same as above  |                  |
| (Mailing Address, if different than street address                                       |  | ` · ·            |
| 3. The name and complete street add  | dress of the registered agent:   | •                |
| Brian M Tanner   | 516 Hansen St. E. Twin Falls, ID 83  | 301              |
| (Name)   | (Street Address)   |                  |
|  |  |                  |
| <ol> <li>The name and address of at least liability company:</li> </ol>                  | one member or manager of the professi  | onal limited     |
| Name   | <u>Address</u>   |                  |
| Brian M Tanner   | 570 Cobra Ct. Twin Falls, ID 8330  | 01               |
|  |  |                  |
|  |  |                  |
|  |  |                  |
|  |  |                  |
| 5. Mailing address for future correspondent  |  |                  |
| 516 Hans   | en St. E. Twin Falls, ID 83301   | <del></del>      |
| 6. Future effective date of filing (option   | onal): 4/3/2809  | <u> </u>         |
|  | professional company and the principal   | orofession or    |
| <ol> <li>The limited liability company is a professions for which members are</li> </ol> | professional company, and the principal princi | zed to render    |
| professional services is:  |  |                  |
| Signature of an organizer(s). (An organ  | izor io a mambar   | 4.               |
| or is acting in behalf of a required, and existing                                       | ) Octobra of State of  | ise only         |
| or members).   |  | **               |
| Simplify AA 1/   | ig, initial member   |                  |
| Signature Brian W Tanne  | IDANO SI   | CRETARY OF STATE |
| Typeu Ivairie.   | TOTAL STATE OF THE PARTY OF THE | 2009 05:         |
| Signature  | 1 0 100, 90 =  | 236364 BH:       |