



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 JAN 15 AM 9:18
SECRETARY OF STATE
STATE OF IDAHO

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

Ben Sinnamon, Attorney at Law, PLLC

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

929 Eastridge Drive, Hailey, Idaho, 83333

(Street Address)

(Mailing Address, if different than street address)

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

Ben Sinnamon

(Name)

929 Eastridge Drive, Hailey, Idaho, 83333

(Street Address)

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

Name

Address

Ben Sinnamon

929 Eastridge Drive, Hailey, Idaho, 83333

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

Ben Sinnamon, 929 Eastridge Drive, Hailey, Idaho, 83333

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: Law

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Ben Sinnamon

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
01/15/2013 05:00
CK: 2040 CT: 194292 BH: 1355768
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