

CERTIFICATE OF ORGANIZATION **PROFESSIONAL** LIMITED LIABILITY COMPANY

08 AUG 11 AM 9: 44

	SECRETARY OF S
(Instructions on b	SECRETARY OF S Pack of application) STATE OF IDAN
1. The name of the professional lin	
	rthur W. Verharen, P.L.L.C.
2. The complete street and mailing 610 West Hubl	addresses of the initial designated/principal office: bard, Suite 210, Coeur d'Alene, ID 83814
(Street Address)	
(Mailing Address, if different than street addre	988)
. The name and complete street a	ddress of the registered agent:
Arthur W. Verharen (Name)	610 West Hubbard, Suite 210, Coeur d'Alene, ID 83814 (Street Address)
. The name and address of at leas	st one member or manager of the professional limited
liability company: Name	
Arthur W. Verharen	Address
	610 West Hubbard, Suite 210, Coeur d'Alene, iD 83814
Mailing address for future corresp	ondence (annual report notices)
610 West Hubba	ard, Suite 210, Coeur d'Alene, ID 83814
Future effective date of filing (opti	onal):
professions for which members are	professional company, and the principal profession or duly licensed or otherwise legally authorized to render
professional services is:	Law
· · · · · · · · · · · · · · · · · · ·	
ignature of an organizer(s). (An organ is acting in behalf of a required, and existin	izer is a member, Secretary of State use only
members).	
ignature_MV VWM	Accept on Res
/ped Name: Arthur W. Verharen, F	P.L.L.C. 1396 CT: 224783 RH
gnature	IDAHO SECRETARY OF S
/ped Name:	08/11/2008 0 CK: 1396 CT: 224793 RH:

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