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CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY 2014 OCT 27 AM 9: 41
(Instructions on back of application) 1. The name of the professional limited liability company is: STATE OF STATE
HIRST LAW OFFICE, PLLC
2. The complete street and mailing addresses of the initial designated office:
<u>421 COEUR O'ALENE AVE #14</u> (Street Address) <u>COEUR O'ALENE ID</u> 83814 (Mailing Address, if different than street address)
3. The name and complete street address of the registered agent:
MICHAEL C. HIRST 421 COEUR D'ALENEAVE (Name) (Street Address) II / L COEUR D'ALENE, IN SISH
4. The name and address of at least one member of manager of the professional limited liability company:           Name         Address           Itability company:         Address
# 1L <u>COEUR P'ALENE, IP</u> 83814
<ol> <li>Mailing address for future correspondence (annual report notices):</li> <li><u>421 COEUR D'ALENE AVE #12, COEUR N'ALENE TO</u> Server</li> <li>Future effective date of filing (optional):</li></ol>
<ol> <li>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:Aw</li> </ol>
Signature of a manager, member or authorized person.
Signature Multica here 10/27/2014 05:00
Typed Name:       MECHHELC.       MECHHELC.       MECHHELC.       MECHHELC.       MECHHELC.       CK:1102       CT:302552       BH:1446761         Signature       10.00       100.00       100.00       PROF       LLC #         Signature       16       20.00       = 20.00       EXPEDITE       C #
Signature         Iter 20100 = 20100 EXPEDITE C #           Typed Name:         W 143573

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