

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

## FILED EFFECTIVE

2013 AUG -7 AM 8: 56

	(Instructions on back of application)		State and the court
1.			SECTION STATE
		manda Breen Law, PLLC	Min the file ide SSA SSA T
2.	The complete street and mailing addresses of the initial designated office:		
	291 2nd Street West, #14, Ketchum, Idaho 83340		
	(Street Address) PO Box 3898, Ketchum, Idaho 83340-3898		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Amanda Breen	291 2nd Street West, #14, Ketchum, Idaho 83340	
	(Name)	(Street Address)	1000000
	Name Amanda Breen	PO Box 3898, Ketchum, Ida	idress aho 83340
<b>5</b> .	Mailing address for future correspondence (annual report notices): PO Box 3898, Ketchum, Idaho 83340		
6.	Future effective date of filing (optional):		
i	The limited liability company is a pprofessions for which members are professional services is: law	orofessional company, and duly licensed or otherwise l	the principal profession or legally authorized to render
Sign perso	ature of a manager, member o	r authorized	
			Secretary of State use only
Signa	ature III		
уре	d Name: Amanda Breen		
Signa	ature		IDAHO SECRETARY OF STATE
ype	d Name:		08/07/2013 05:00 CK: 124 CT: 276235 BH: 1385227 1 @ 100.00 = 100.00 PROFILC # 2

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