CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code
Base Filing fee: $100.00
Complete and submit the application in duplicate.

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

_____

2. The complete street and mailing addresses of the principal office is:

_____
(Street Address) (City) (State) (Zipcode)

_____
(Mailing Address, if different) (City) (State) (Zipcode)

3. Name and street address of registered agent in Idaho:

_____
(Name) (Address) (City) (State) (Zipcode)

4. The name and address of at least one governor of the limited liability company:

_____
(Name) (Address) (City) (State) (Zipcode)

_____
(Name) (Address) (City) (State) (Zipcode)

_____
(Name) (Address) (City) (State) (Zipcode)

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

_____
(Address) (City) (State) (Zipcode)

6. 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:

Architecture

7. Signature of a manager, member, or an organizer.

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

Rev. 07/2015

INSTRUCTIONS

Optional: If the document requires a correction, please list a telephone number where we can reach you.

_____ Phone Number

_____ Email address

Complete and submit the application in duplicate.

Line 1. Enter the name of the professional limited liability company. Pursuant to Idaho Code § 30-21-301, the name of the professional limited liability company must contain the words Professional Limited Liability Company, Professional Limited Company or the abbreviation P.L.L.C., or PLLC. It is advised that you contact the Secretary of State office to check for name availability before filing.

Only the professions listed may use this form. --"Professions shall be held to include the practices of architecture, chiropractic, dentistry, engineering, landscape architecture, law, medicine, nursing, occupational therapy, optometry, physical therapy, podiatry, professional geology, psychology, certified or licensed public accountancy, social work, surveying and veterinary medicine, and **no others**." [30-21-901(b), Idaho Code]

Line 2. Enter the complete street and mailing address of the of the principal office.

Line 3. Enter the name and complete street address of the registered agent of the professional limited liability company. A registered agent is the person designated to receive service of process upon litigation. This person must be located in Idaho at a physical address. Post Office boxes and commercial personal mail boxes are not acceptable.

Line 4. Enter the name and address of at least one (1) governor of the professional limited liability company. This is required by Idaho Code § 30-6-201; it is not necessary to identify whether the person is a member or a manager.

Governor means, a manager of a manager-managed limited liability company, or a member of a member-managed limited liability company.

Line 5. Enter the mailing address for future correspondence. This is needed in order to have an address to which Annual Report notices can be mailed.

Line 6: Enter the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services. See Idaho Code § 30-6-102(20) for the list of professions.

The document must be signed by an organizer. Only one signature is required, but space has been provided for more than one.

Other statements not in the Certificate of Organization may be made in attachments. ***Please do not attach operating agreements, these items are not filed with this office.*** [30-25-201(c), Idaho Code]

Enclose the appropriate fee (make checks payable to Idaho Secretary of State:
The filing fee is $100.00. ($120.00 if not typed)
If expedited service is requested, add $20.00 to the filing fee.
If the fees are to be paid from the filing party's pre-paid customer account, conspicuously indicate the customer account number in the cover letter or transmittal document.

Pursuant to Idaho Code § 67-910(6), the Secretary of State's Office may delete a business entity filing from our database if payment for the filing is not completed.

Mail or deliver to:
Office of the Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

If you have questions or need help, call the Secretary of State's office at (208) 334-2301.

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Printed Name: _____

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