

# CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed).

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

\_\_\_\_\_

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

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Mailing Address, if different)

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

\_\_\_\_\_  
(Name) (Address)

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

\_\_\_\_\_  
(Name) (Address)

\_\_\_\_\_  
(Name) (Address)

\_\_\_\_\_  
(Name) (Address)

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

\_\_\_\_\_  
(Mailing Address)

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:

\_\_\_\_\_

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

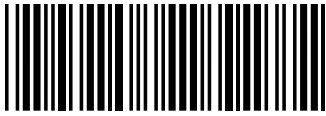
Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only



## INSTRUCTIONS

If this document requires a correction, please provide contact information where we can reach you.

Phone Number

Email Address

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, Certified Or Licensed Public Accountancy, Chiropractic, Dentistry, Engineering, Landscape Architecture, Medicine, Nursing, Occupational Therapy, Physical Therapy, Podiatry, Professional Geology, Psychology, Social Work, Surveying, Veterinay Medicine, and no others.**" (see Idaho Code § 30-21-901(b) for the list of professions.)

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 § 30-21-901(b) 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:

- a. The fee is \$120.00 (includes additional \$20.00 for a non-electronic form for manual entry).
- b. If expedited service is requested, add an additional \$40.00 to the filing fee.
- c. If 'same day' service is requested, add \$100.00 to the filing fee.

Pursuant to Idaho Code § 67-910(6), the Secretary of State's office may delete a business entity filing from the 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.