



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

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

2. The complete street and mailing addresses of the initial designated/principal office:

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

(Name)

(Street Address)

4. The name and address of at least one member or manager of the professional limited liability company:

Name

Address

_____	_____
_____	_____
_____	_____
_____	_____

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

6. Future effective date of filing (optional): _____

7. 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: _____

Signature of a manager, member or authorized person.

Signature _____

Typed Name: _____

Signature _____

Typed Name: _____

Secretary of State use only

INSTRUCTIONS

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

Complete and submit the application in duplicate.

Line 1. Enter the name of the professional limited liability company. Pursuant to Idaho Code § 30-6-108, 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**." [30-6-102, Idaho Code]

Line 2. Enter the complete street and mailing address of the of the initial designated/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) member or manager 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.

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: Optional: Enter a future effective date of filing. The effective date can be up to ninety (90) days after the date the Certificate of Organization is filed with the Secretary of State. Idaho Code § 30-6-205.

Line 7: 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 a manager, member or authorized person. 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.** [30-6-201(3), Idaho Code]

Enclose the appropriate fee:

The filing fee is \$100.00.

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.