



## CERTIFICATE OF FORMATION

### UBI NUMBER

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UBI Number:  
**605 386 736**

### BUSINESS NAME

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Business Name  
**BRAD BRICKER DEVELOPMENT LLC**

REGISTERED AGENT [RCW 23.95.410](#)

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Registered Agent Name	Street Address	Mailing Address
TAXMEDICS	101 S WASHINGTON ST STE C, KENNEWICK, WA, 99336-5116, UNITED STATES	101 S WASHINGTON ST STE C, KENNEWICK, WA, 99336-5116, UNITED STATES

### REGISTERED AGENT CONSENT

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Customer provided Registered Agent consent? \* - **Yes**

### DURATION

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Duration:  
**PERPETUAL**

### EFFECTIVE DATE

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Effective Date:  
**12/29/2023**

### OTHER PROVISIONS

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Other Provisions:

### PRINCIPAL OFFICE

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Phone:  
Email:  
**ENTITY@TAXMEDICS.NET**

Street Address:  
**1976 BIRCH AVE, RICHLAND, WA, 99354-2475, UNITED STATES**

Mailing Address:  
**1976 BIRCH AVE, RICHLAND, WA, 99354-2475, UNITED STATES**

**EXECUTOR**

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<b>Title</b>	<b>Executor Type</b>	<b>Entity Name</b>	<b>First Name</b>	<b>Last Name</b>	<b>Address</b>
EXECUTOR	INDIVIDUAL		BRAD	BRICKER	1976 BIRCH AVE, RICHLAND, WA, 99354-2475, UNITED STATES

**RETURN ADDRESS FOR THIS FILING**

Attention:  
**TAXMEDICS**

Email:  
**ENTITY@TAXMEDICS.NET**

Address:  
**101 S WASHINGTON ST STE C, KENNEWICK, WA, 99336-5116, UNITED STATES**

**UPLOAD ADDITIONAL DOCUMENTS**

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<b>Name</b>	<b>Document Type</b>
No Value Found.	

**UPLOADED DOCUMENTS**

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<b>Document Type</b>	<b>Source</b>	<b>Created By</b>	<b>Created Date</b>
No Value Found.			

**EMAIL OPT-IN**

I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.

**AUTHORIZED PERSON - STAFF CONSOLE**

Document is signed.

Person Type:  
**ENTITY**

First Name:  
**SHANNEL**

Last Name:  
**REED**

Entity Name:  
**TAXMEDICS**

Title: