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**CERTIFICATE OF ORGANIZATION  
PROFESSIONAL  
LIMITED LIABILITY COMPANY**

2009 OCT 26 AM 10: 20

SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

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

**Brian M. DeFriez, PLLC**

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

**1006 W. Sanetta St**

(Street Address)

**Nampa, ID 83651**

(Mailing Address, if different than street address)

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

**Brian Matthew DeFriez**

**(Name)**

**1006 W. Sanetta St, Nampa, ID 83851**

**(Street Address)**

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

**Name****Address**

**Brian Matthew DeFriez**

1006 W. Sanetta St, Nampa, ID 83851

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

**1006 W. Sanetta St, Nampa, ID 83651**

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: The practice of law and all other lawful business

professional services is: The practice of law and all other lawful business

**Signature of an organizer(s).** (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Signature [Signature]

Typed Name: Brian Matthew DeFriez

**Signature** \_\_\_\_\_

**Typed Name:** \_\_\_\_\_

**Secretary of State use only**

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IDAHO SECRETARY OF STATE  
 10/26/2009 05:00  
 CK: 326023 CT: 172099 BM: 1192615  
 1 @ 100.00 = 100.00 PROF LLC # 2  
 1 @ 20.00 = 20.00 EXPEDITE C # 3

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