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-FILED-

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Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Servion descriptions below)	ce (see Expedited (+\$40; filing fee \$140)
1. Limited Liability Company Name	
Type of Limited Liability Company	Limited Liability Company
Entity name	Murphy Medical LLC
2. The complete street address of the principal office is:	
Principal Office Address	6520 W HOLIDAY DR BOISE, ID 83709
3. The mailing address of the principal office is:	
Mailing Address	6520 W HOLIDAY DR BOISE, ID 83709-2020
4. Registered Agent Name and Address	
Registered Agent	Registered Agent
	Joseph Murphy Physical Address:
	6520 W HOLIDAY DR
	BOISE, ID 83709
	Mailing Address:
	6520 W HOLIDAY DR BOISE, ID 83709-2020
I affirm that the registered agent appointed has c	onsented to serve as registered agent for this entity.
Name	Address
Joseph M Murphy	6520 W HOLIDAY DR BOISE, ID 83709
Signature of Organizer:	
Joseph Michael Murphy	12/16/2024