

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

2012 MAY 23 PM 2: 15

FILED EFFECTIVE

LIMITED LIA	BILITY COMPANY
(Instructions	on back of application) SECRETARY OF STATE STATE OF IDAHO
The name of the profession	• • • • • • • • • • • • • • • • • • • •
•	e Law Offices of Shawn G. Miller PLLC
4696 W Overland Suite 118-12	ailing addresses of the initial designated office: Boise, ID 83705
(Street Address)	· · · · · · · · · · · · · · · · · · ·
(Mailing Address, if different than street	at address)
3. The name and complete stre	eet address of the registered agent:
Michelle Kemper (Name)	9733 Lost Horse Lane, Kuna, ID 83634 (Street Address)
liability company:	t least one member or manager of the professional limited
<u>Name</u> Shawn G. Miller	Address
Onawir G. Immer	9733 Lost Horse Lane, Kuna, ID 83634
Law	
5 Mailing address for future as	
Mailing address for future co 9733 Lost Horse Lane, Kuna, ID	orrespondence (annual report notices):
2700 Eost Horse Care, Runa, Ib	7 00004
6. Future effective date of filing	g (optional):
	y is a professional company, and the principal profession or ers are duly licensed or otherwise legally authorized to render aw
Signature of a manager, mem	ther or outhorized
person.	
	Secretary of State use only
Signature Control	
Typed Name: Shawn Miller	
Signature	
Typed Name:	

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