



CERTIFICATE OF ORGANIZATION **PROFESSIONAL** **LIMITED LIABILITY COMPANY**

FILED EFFECTIVE

2012 MAY 23 PM 2:15

 SECRETARY OF STATE
 STATE OF IDAHO

(Instructions on back of application)

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

The Law Offices of Shawn G. Miller PLLC

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

4696 W Overland Suite 118-12 Boise, ID 83705

(Street Address)

(Mailing Address, if different than street address)

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

Michelle Kemper

(Name)

9733 Lost Horse Lane, Kuna, ID 83634

(Street Address)

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

Name

Address

Shawn G. Miller

9733 Lost Horse Lane, Kuna, ID 83634

Law

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

9733 Lost Horse Lane, Kuna, ID 83634

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: Law

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Shawn Miller

Signature _____

Typed Name: _____

Secretary of State use only

cert_org_pllc.pmd Rev. 07/2010

IDAHO SECRETARY OF STATE
 05/23/2012 05:00
 CK: 2003 CT: 270730 BH: 1325431
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