

CERTIFICATE OF ORGANIZATION PROFESSIONAL 2012 AUG 17 AM BITTER

1.	(Instructions on back of application) SECRETARY OF STATE STATE OF IDAHO
	GMM, PLLC
2.	The complete street and mailing addresses of the initial designated office: 5219 West Holly Hill Drive, Boise, Idaho 83703 (Street Address)
	(Malling Address, if different than street address)
3.	The name and complete street address of the registered agent:
	Giovanna M. McLaughlin 5219 West Holly Hill Dr., Boise, ID 83703
	(Name) (Street Address)
4.	The name and address of at least one member or manager of the professional limited liability company: Name Address Giovanna M. McLaughlin 5219 West Holly Hill Dr., Boise, ID 83703
5.	Mailing address for future correspondence (annual report notices): 5219 West Holly Hill Dr., Boise, ID 83703
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:
_	nature of a manager, member or authorized
F	Secretary of State use only
•	nature fill annam faught
Тур	ed Name: Giovanna M. McLaughlin
Sign	nature
Тур	ed Name: IDAHO SECRETARY OF STATE 98/17/2012 05:00

CK: 1376 CT: 273394 BH: 1336346 1 8 100.08 = 100.08 PROF LLC # 2