



**CERTIFICATE OF ORGANIZATION
PROFESSIONAL
LIMITED LIABILITY COMPANY**

FILED EFFECTIVE

2014 DEC 19 AM 8:18

(Instructions on back of application)

1. The name of the professional limited liability company is:
Murray & Ziel, PLLC

SECRETARY OF STATE
STATE OF IDAHO

2. The complete street and mailing addresses of the initial designated office:
770 S. Woodruff Ave., Idaho Falls, ID 83401

(Street Address)
Same

(Mailing Address, if different than street address)

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

Blake Murray

(Name)

770 S. Woodruff Ave., Idaho Falls, ID 83401

(Street Address)

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

Name

Address

Blake M. Murray, P.A.

770 S. Woodruff Ave., Idaho Falls, ID 83401

Paul D. Ziel, LLC

770 S. Woodruff Ave., Idaho Falls, ID 83401

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

770 S. Woodruff Ave., Idaho Falls, ID 83401

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: Blake Murray

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

12/19/2014 05:00

CK: 2437322 CT: 172099 BH: 1453626
1@ 100.00 = 100.00 PROF LLC #2
1@ 20.00 = 20.00 EXPEDITE C #3

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