



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2013 DEC 13 AM 8:52

(Instructions on back of application)

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

Nelson Hall Parry Tucker, PLLC

SECRETARY OF STATE
STATE OF IDAHO

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

490 Memorial Drive, Idaho Falls, Idaho 83402

(Street Address)

P.O. Box 51630, Idaho Falls, Idaho 83405-1630

(Mailing Address, if different than street address)

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

Douglas R. Nelson

(Name)

490 Memorial Drive, Idaho Falls, Idaho 83402

(Street Address)

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

Name

Address

Douglas R. Nelson

P.O. Box 51630, Idaho Falls, ID 83405-1630

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

P.O. Box 51630, Idaho Falls, Idaho 83405-1630

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.

Secretary of State use only

Signature

Douglas R. Nelson

Typed Name: Douglas R. Nelson, Manager

Signature

Typed Name: _____

IDAHO SECRETARY OF STATE
12/13/2013 05:00
CK: 58465 CT: 2034 BH: 1481698
1 @ 100.00 = 100.00 PROF LLC # 3

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