

Typed Name: ____

CERTIFICATE OF ORGANIZATION

	-ESSIONAL DUITV COMBANV	10 SEP 14 AM 8: 29	
(Instructions	(Instructions on back of application) The name of the professional limited liability company is:		
i. The name of the profession	M & H Legal Services, PLLC		
2. The complete street and ma	illing addresses of the initial design	gnated/principal office:	
3363 North Lake Harbor Lane, I (Street Address)	Boise, Idaho, 83703		
(Mailing Address, if different than stree	et address)		
3. The name and complete stre	eet address of the registered age	nt:	
John A. Miller	3363 North Lake Harbor La	3363 North Lake Harbor Lane, Boise, Idaho, 83703	
(Name)	(Street Address)		
John A. Miller Jeffrey S. B. Harr	3363 North Lake Harbor La 3363 North Lake Harbor La		
5. Mailing address for future co	orrespondence (annual report not Boise, Idaho, 83703	tices):	
6. Future effective date of filing	g (optional):		
7. The limited liability company professions for which member professional services is: Law	y is a professional company, and ers are duly licensed or otherwise l w	the principal profession or egally authorized to render	
Signature of a manager, mem	nber or authorized		
person.	200	Secretary of State use only	
Signature	Mal		
Typed Name: John A. Miller			
Signature		IDAHO SECRETARY OF STATE	

IDAHO SECRETARY OF STATE
09/14/2010 05:00
CK: 2614 CT: 240649 BH: 1238838
1 0 100.00 = 100.00 PROF LLC # 2

cert_org_pilc.pmd Rev. 07/2010

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