



**CERTIFICATE OF ORGANIZATION
PROFESSIONAL
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

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

MURPHY-THOMAS, PLLC

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

13572 W ENGLEMANN DR BOISE, ID 83713

(Street Address)

(Mailing Address, if different than street address)

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

MARK C THOMAS

(Name)

13572 W ENGLEMANN DR BOISE, ID 83713

(Street Address)

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

Name

Address

MARK C THOMAS

13572 W ENGLEMANN DR BOISE, ID 83713

TANYA L MURPHY-THOMAS

13572 W ENGLEMANN DR BOISE, ID 83713

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

PO BOX 41 NAMPA, ID 83653-0190

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: MEDICINE

Signature of a manager, member or authorized person.

Signature Mark C Thomas

Secretary of State use only

Typed Name: MARK C THOMAS

Signature _____

Typed Name: _____

IDaho SECRETARY OF STATE
05/26/2011 05:00
CK: 4374 CT: 226593 BH: 1275478
1 @ 100.00 = 100.00 PROF LLC # 2