



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 JAN -7- AM 9:51

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:  
First Solutions LLC
2. The complete street and mailing addresses of the initial designated office:  
320 Main Ave North, Twin Falls Idaho 83301

(Street Address)

(Mailing Address, if different than street address)

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

Penelope Parker

320 Main Ave North Twin Falls Idaho 83301

(Name)

(Street Address)

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

Name

Address

Mark Wright

320 Main Ave North Twin Falls Idaho 83301

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

320 Main Ave North Twin Falls, Idaho 83301

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature P. Parker

Typed Name: P. Parker

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

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01/07/2013 05:00  
CK: 5467 CT: 184945 BH: 1354554  
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