

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 08 OCT 30 AM 8: 24

(Instructions on back of application)

SECRETARY OF STATE

The name of the limited liability cor	mpany is: STATE UF IDAHO
Ro	omine Consulting, LLC
2. The complete street and mailing ad-	ddresses of the initial designated/principal office:
22500 Hoskir	ins Road, Caldwell, Idaho,83607
(Street Address)	
(Mailing Address, if different than street address)	
. The name and complete street addr	ress of the registered agent:
Kelli Romine	22500 Hoskins Road, Caldwell, Idaho,83607
(Name)	(Street Address)
I he name and address of at least or company: Name	one member or manager of the limited liability Address
Donald E. Romine	22500 Hoskins Road, Caldwell, Idaho,83607
Kelli Romine	22500 Hoskins Road, Caldwell, Idaho,83607
Mailing address for future correspond 22500 Ho	ndence (annual report notices): oskins Road, Idaho, 83607
Future effective date of filing (options	al):
gnature of organizer(s). (An organizer is a ling in behalf of a member or members).	member, or is
el	Secretary of State use only
gnature Complyntany	
ped Name: Russell G. Metcell Attorn	ney g
gnature	They They
/ped Name:	# 1 1 100.00 = 100.00

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