STATE OF TOWN



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2015 MAR 23 AM 9: 34

USPRPIW

(Instructions on back of application)

1. The name of the limited liability company is:
CHARLES WILSON CONSULTING LLC
2. The complete street and mailing addresses of the initial designated office:
(Street Address)
(Street Address)
(Mailing Address, if different than street address)
The name and complete street address of the registered agent:
CHARLES WILSON TO N. FALCON DL. (Street Address)
The name and address of at least one member or manager of the limited liability company:
· · · · · · · · · · · · · · · · · · ·
CHARLES WILSON TON, FALCON DR. SAGGE IN 83860
Market and the second s
i i
5. Mailing address for future correspondence (annual report notices):
10 N. FALCON DR. SAGLE 1D. 83860
W. PALLON UK. SHOLE 12. DOUBLE
6. Future effective date of filing (optional):
of Faters emostro date of mining (optional).
Signature of a manager, member or authorized
person.
Secretary of State use only
Signature Charles William IDAHO SECRETARY OF STATE
Typed Name: <u>CHARLES WILSON</u> 03/23/2015 05:00
CK:1109 CT:308016 BH:1467527
Signature Charles 1 1200 00 = 100.00 ORGAN LLC #2

Typed Name: CHARLES WILSON