



**CERTIFICATE OF ORGANIZATION FILED EFFECTIVE
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2012 FEB 16 PM 4:45

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Cutting Edge Solutions, LLC

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

8400 West Idaho Blvd., Emmett, ID 83617

(Street Address)

PO Box 25, Emmett, ID 83617

(Mailing Address, if different than street address)

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

Amber Coontz

(Name)

8400 West Idaho Blvd, Emmett, ID 83617

(Street Address)

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

Name

Amber Coontz

Address

8400 West Idaho Blvd, Emmett, ID 83617

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

PO Box 25, Emmett, ID 83617

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Amber Coontz

Secretary of State use only

Signature _____

Typed Name: _____

IDAHO SECRETARY OF STATE
02/16/2012 05:00
CK: 987624 CT: 172099 BH: 1311049
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