

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY DEFFECTIVE

(Instructions on back of application)

2013 AUG 23 AM 9: 03

	(	ack of application,		
	The name of the limited liability company  Maven Solutions, LLC		SECRETARY OF STATE STATE OF IDAHO	
2469	omplete street and mailing W. Lincoln Ave, Nampa ID 836 Address)		designated office:	
(Mailing	Address, if different than street addre	ess)		
3. The na	The name and complete street address of the registered agent:			
Dama (Name)	ris Doreen Borden	2469 W. Lincoln Ave, (Street Address)	2469 W. Lincoln Ave, Nampa ID 83686 (Street Address)	
4. The na	ame and address of at lea	st one member or mana	ager of the limited liability	
	<u>Name</u>		<u>Address</u>	
Dama	ris Doreen Borden	2469 W. Lincoln Ave, Nampa ID 83686		
	g address for future corres W. Lincoln Ave, Nampa ID 836		ort notices):	
6. Future	effective date of filing (or	otional):		
Signature person.	of a manager, member	r or authorized		
por 0011.	1 1/3		Secretary of State use only	
Signature		1		
Typed Nai	me: Damaris Doreen Borden			
Signature <sub>.</sub>			IDAHO SECRETARY OF STATE 08/23/2013 05:06	
Typed Na	me:		CK: 141 CT: 286749 BH: 138725 1 @ 100.00 = 100.00 ORGAN LLC I	

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