

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 2014 AUG 11 AM 9: 54

1100	(Instructions on	back of application)	SECRETARIOE STATE	
1. The	e name of the limited liabilit	y company is:	TOTAL	
in	quire Consulting, LLC		\$0 ***	
	The complete street and mailing addresses of the initial designated office: 255 Blue Lakes Blvd North, #556, Twin Falls, ID 83301			
	reet Address)	·		
(M	alling Address, if different than street add	ress)		
. The	The name and complete street address of the registered agent:			
Ja	nea Triplett-Newell	255 Blue Lakes E	Blvd North, #556, Twin Falls, ID 83301	
(N	ame)	(Street Address)		
	e name and address of at le npany: <u>Name</u>		anager of the limited liability Address	
Ja	nea Triplett-Newell	255 Blue Lakes B	255 Blue Lakes Blvd North, #556, Twin Falls, ID 83301	
_				
. Ma	iling address for future corre	espondence (annual re	eport notices):	
25	55 Blue Lakes Blvd North, #556, 1	win Falls, ID 83301		
·		. (' D		
. rui	ure effective date of filing (c	ptional):		
ignati erson.	are of a manager, membe	er or authorized		
	= \ 1.44	Munde -	Secretary of State use only	
Signature just with full Typed Name: Janea Triplet Newell			IDAHO SECRETARY OF	
ypea	Native.	<u> </u>	08/11/2014 05 CK:595 CT:299952 BH	
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	Name:		<i>/</i> /	
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