

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

•	· · · · · · · · · · · · · · · · · · ·	<del>Pop Ho</del> rigan (a. 1911).
1. The name of the limited liability	company is:	SEGNES AND PARTE STATE OF IDAHO
Onesource Consulting & Manageme	-	STATE OF IDAHO
2. The complete street and mailing 1192 S. 52nd E., Idaho Falls, Idaho (Street Address) c/o Seedall Law Office, P.C., P.O. B (Mailing Address, if different than street address)	83401 ox 3179, Idaho Falls, Idaho	l designated office:
3. The name and complete street a		ed agent:
Scott R. Seedall (Name)	1192 S. 52nd E., Idaho Falls, Idaho 83401 (Street Address)	
<ol> <li>The name and address of at lea company:</li> </ol>	st one member or man	ager of the limited liability
Name Brad Smith	Address c/o Seedall Law Office P.C.	
	P.O. Box 3179	
	ldaho Falls, Idaho 83	403
. Mailing address for future corres c/o Seedall Law Office, P.C., P.O. Bo	pondence (annual repo x 3179, Idaho Falls, Idaho 8	ort notices): 3403
. Future effective date of filing (op	tional):	
ignature of a manager, member erson.	or authorized	
gnature SARSMI		Secretary of State use only
/ped Name: Scott R. Seedall		
gnature		IDAHO SECRETARY OF STATE
yped Name:		18/03/2013 05:00 CX: 6189 CT: 116842 BH: 139261

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