

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 OCT 26 AM 8:50

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Sage Wildlife Consulting Services, LLC.

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

4198 S Pinerest Way, Boise, ID 83716

(Street Address)

(Mailing Address, if different than street address)

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

Alan R Sands

(Name)

4198 S Pinerest Way, Boise, ID 83716

(Street Address)

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

NameAddress

Alan R Sands

4198 S Pinerest Way, Boise, ID 83716

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

Sage Wildlife Consulting Services, LLC., 4198 S Pinerest Way, Boise, ID 83716

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Alan R. SandsTyped Name: Alan R Sands

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/26/2012 05:00
CK: 1072 CT: 275636 BH: 1345224
1 @ 100.00 = 100.00 ORGAN LLC # 2

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