

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 JUL 13 AM 8:52

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Qool Solutions LLC

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

410 South Showboat Ct. Post Falls, ID 83854

(Street Address)

~~Post~~
(Mailing Address, if different than street address)

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

William J. Geatches
(Name)410 South Showboat Ct. Post Falls ID 83854
(Street Address)

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

Name	Address
<u>William J. Geatches</u>	<u>410 South Showboat Ct. Post Falls, ID 83854</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

410 South Showboat Ct. Post Falls, ID 83854

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature William GeatchesTyped Name: William Geatches

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008
 IDAHO SECRETARY OF STATE
 07/13/2009 05:00
 CK: NO CK# CT: 238449 BH: 1178526
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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