



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

09 FEB 23 AM 9:54

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Allen Consulting, LLC

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

650 Stockton Dr. McCall, ID 83638

(Street Address)

PO Box 872

McCall, ID 83638

(Mailing Address, if different than street address)

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

Kimberly Allen

(Name)

650 Stockton Dr., McCall, ID

(Street Address)

83638

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

Name

Address

Kimberly Allen

650 Stockton Dr. McCall, ID

83638

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

PO Box 872 McCall, ID 83638

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 Kimberly Allen
Typed Name: Kimberly Allen

Signature _____
Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
02/23/2009 05:00
CK: 369 CT: 234398 BH: 1158100
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