



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 AUG 27 AM 8:51

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Rempe and Associates, LLC

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

360 Stillwater, Idaho Falls, Idaho 83404

(Street Address)

(Mailing Address, if different than street address)

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

Joy Rempe
(Name)

360 Stillwater, Idaho Falls, ID 83404
(Street Address)

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

Name

Address

Joy Rempe

360 Stillwater, Idaho Falls, ID, 83404

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

360 Stillwater, Idaho Falls, ID 83404

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

Signature of a manager, member or authorized person.

Signature Joy Rempe
Typed Name: Joy Rempe

Signature _____
Typed Name: _____

Secretary of State use only
IDAHO SECRETARY OF STATE
08/27/2014 05:00

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