



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 FEB 12 AM 8:43

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Synergy Alternative Solutions, LLC

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

955 S 1200 E, Eden, ID 83325

(Street Address)

(Mailing Address, if different than street address)

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

Rita Evelyn Yanez

955 S 1200 E, Eden, ID 83325

(Name)

(Street Address)

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

Name**Address**

Rita Evelyn Yanez

955 S 1200 E, Eden, ID 83325

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

955 S 1200 E, Eden, ID 83325

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 Rita Evelyn Yanez
Typed Name: Rita Evelyn YanezSignature _____
Typed Name: _____

Secretary of State use only

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Revised 07/2008IDAHO SECRETARY OF STATE
02/12/2010 05:00
CK: 1881 CT: 244692 BH: 1207692
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