



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
10 OCT 12 AM 11:09

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

GATEWAY Retirement ~~ADVISORS LLC~~

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

2484 N. Stokesberry Pl. Ste 100
(Street Address)

Meridian, Id 83646
(Mailing Address, if different than street address)

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

BRAD HOFFMANES
(Name)

2495 E. Granite Dr Mer. Id
(Street Address) 83642

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

BRAD HOFFMANES
Name

2495 E. Granite Dr. Mer. Id
Address 83642

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

2484 N. Stokesberry Pl. Ste 100 Meridian Id 83646

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

Signature of a manager, member or authorized person.

Signature

Brad Hoffman

Typed Name: BRAD HOFFMANES

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/12/2010 05:00
CK: 1611 CT: 251921 BH: 1242561
1 @ 100.00 = 100.00 ORGAN LLC # 2

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