



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

10 AUG 31 AM 8:08

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

NT Works, LLC

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

675 N. Aspen Lakes Way Star, Id. 83669

(Street Address)

(Mailing Address, if different than street address)

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

Nickelle Weekes

(Name)

675 N. Aspen Lakes Way Star, Id. 83669

(Street Address)

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

**Name**

**Address**

Nickelle Weekes

675 N. Aspen Lakes Way Star, Id. 83669

Thomas R. Weekes

675 N. Aspen Lakes Way Star, Id. 83669

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

675 N. Aspen Lakes Way Star, Id. 83669

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Nickelle Weekes

Typed Name: Nickelle Weekes

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
08/31/2010 05:00  
CK: 1154 CT: 250055 BH: 1237024  
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