



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY** **FILED EFFECTIVE**

(Instructions on back of application)

10 AUG 31 AM 8:08

**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 _____

Typed Name: Nickelle Weekes

Signature _____

Typed Name: _____

Secretary of State use only

IDaho SECRETARY OF STATE
08/31/2010 05:00
CK: 1154 CT: 250855 BH: 1237024
1 @ 100.00 = 100.00 ORGAN LLC # 2

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