SLAD	ARTICLES OF ORGANIZA	FILED EFFECTIV
	LIMITED LIABILITY COM	PANY
	(Instructions on back of application	
I. The na	me of the limited liability company is:	i iustio
	com Advisors, LLC.	
2. The st	reet address of the initial registered office is	s:
	W. Duck Lake Drive, Boise, Idaho 83714	
and th	e name of the initial registered agent at the	above address is:
	ne Jimenez	
3. Them	ailing address for future correspondence is	5.
	Box 140283, Boise, Idaho 83714	
	gement of the limited liability company will t	be vested in:
	J	
Mana 5. If mai	ger(s) or Member(s) v (please chinagement is to be vested in one or more maters(es) of at least one initial manager. If maters(s), list the name(s) and address(es) of a	Inadement is to be vested in the
Mana 5. If mai	nagement is to be vested in one or more ma ess(es) of at least one initial manager. If ma per(s), list the name(s) and address(es) of a Name	anager(s), list the name(s) and inagement is to be vested in the at least one initial member. Address
Mana 5. If mai addre mem	nagement is to be vested in one or more ma ess(es) of at least one initial manager. If ma per(s), list the name(s) and address(es) of a Name	anager(s), list the name(s) and inagement is to be vested in the at least one initial member.
Mana 5. If mai addre mem	nagement is to be vested in one or more ma ess(es) of at least one initial manager. If ma per(s), list the name(s) and address(es) of a Name	anager(s), list the name(s) and inagement is to be vested in the at least one initial member. Address
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Mana 5. If mai addre mem <u>Sha</u>	ature of at least one person responsible for	Anager(s), list the name(s) and anagement is to be vested in the at least one initial member. Address (140283, Boise, Idaho 83714 (140283, Boise, Idaho 83714)
Mana 5. If mai addre mem <u>Sha</u> 6. Sign Signa Type	ature of at least one person responsible for ture:	Anager(s), list the name(s) and anagement is to be vested in the at least one initial member. Address (140283, Boise, Idaho 83714 (140283, Boise, Idaho 83714)
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Mana 5. If mai addre mem <u>Sha</u> 6. Sign Signa Type Capa Signa	ature of at least one person responsible for ture:	Anager(s), list the name(s) and inagement is to be vested in the at least one initial member. Address A 140283, Boise, Idaho 83714 A 140283, Boise, Idaho 83714 Forming the limited liability company: Secretary of State use only