

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2015 MAR -6 AM 8: 37 (Instructions on back of application) 1. The name of the limited liability company is: **CUTTING EDGE CONSULTING, LLC** 2. The complete street and mailing addresses of the initial designated office: 1123 N STATE STREET (Street Address) GRANGEVILLE, IDAHO 83530 (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: 1123 N STATE STREET, GRANGEVILLE, ID 83530 DAVID A. STALLSMITH (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: <u>Name</u> <u>Address</u> DAVID A. STALLSMITH 1123 N STATE STREET, GRANGEVILLE, ID 83530 5. Mailing address for future correspondence (annual report notices): 1123 N STATE STREET, GRANGEVILLE, ID 83530 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Secretary of State use only Signature Way IDAHO SECRETARY OF STATE Typed Name: DAVID A. STALLSMITH 03/06/2015 05:00 Signature

CK:8013 CT:307327 BH:1464930 16 100.00 = 100.00 ORGAN LLC #2

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Typed Name: