



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY FILED EFFECTIVE

(Instructions on back of application)

2013 NOV -1 AM 9:01

1. The name of the limited liability company is:

LAURA LOUIS CONSULTING, LLC

SECRETARY OF STATE
STATE OF IDAHO

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

12572 N 10TH AVE., BOISE ID 83714

(Street Address)

(Mailing Address, if different than street address)

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

LAURA LOUIS

(Name)

12572 N 10TH AVE., BOISE ID 83714

(Street Address)

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

Name

Address

LAURA LOUIS

12572 N 10TH AVE., BOISE 83714

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

SAME AS ABOVE

6. Future effective date of filing (optional): N/A

Signature of a manager, member or authorized person.

Signature _____

Typed Name: LAURA LOUIS

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
11/01/2013 05:00
CK: 5209 CT: 209250 BH: 1396405
1 @ 100.00 = 100.00 ORGAN LLC # 2

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