



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 MAY 11 AM 10:00

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

NATHAN HAWKES CONSULTING LLC

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

5788 HIGH CREEK LN., IDAHO FALLS, ID 83406
(Street Address)

(Mailing Address, if different than street address)

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

NATHAN HAWKES
(Name)

5788 HIGH CREEK LN. IDAHO FALLS
(Street Address) ID 83406

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

Nathan Hawkes
Name

5788 HIGH CREEK LN, IF, ID 83406
Address

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

5788 HIGH CREEK LN. IDAHO FALLS, ID 83406

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Nathan Hawkes
Typed Name: NATHAN HAWKES

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

05/11/2015 05:00

CK:2711 CT:310043 BH:1474852

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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