



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**  
2015 JUN 15 AM 10:26  
SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

GET Business Solutions, LLC

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

2635 Channing Way Idaho Falls, ID 83401

(Street Address)

(Mailing Address, if different than street address)

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

Luke Gerrick

(Name)

1900 Whispering Pines Dr. Idaho Falls, ID

(Street Address)

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

**Name**

**Address**

Luke Gerrick

1900 Whispering Pines Dr. Idaho Falls, ID 83401

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

1900 Whispering Pines Dr. Idaho Falls, ID

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Luke Gerrick

Signature

Typed Name:

Secretary of State use only  
IDAHO SECRETARY OF STATE

06/15/2015 05:00

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