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## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the limited liability company is:

2014 APR 24 AM 9: 23

RDF Consulting, LLC	OINIL OF WAIL
802 N. Lincoln St., Post Falls,	nailing addresses of the initial designated office: ID 83854
(Street Address)	
(Mailing Address, if different than stre	eet address)
The name and complete s	treet address of the registered agent:
Devlin Flamm	802 N. Lincoln St., Post Falls, ID 83854
(Name)	(Street Address)
(Name)	(Street Address) at least one member or manager of the limited liability
(Name) The name and address of	

5. Mailing address for future correspondence (annual report notices): 802 N. Lincoln St., Post Falls, ID 83854

6. Future effective date of filing (optional):

Signature of a manager, member or authorized

person.

Signature /

Typed Name: Dulk Hamm

Signature

Typed Name: \_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

04/24/2014 05:00

CK:1058 CT:296064 BH:1421761 1@ 100.00 = 100.00 ORGAN LLC #2

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