

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2015 MAR -6 PM 3=32

Vo t	(Instructions on b	ack of application)	SECRETARY OF STATE STATE OF IDAHO	
1.	The name of the limited liability company is:		STATE OF IDAHO	
	After Hour I.T. Support LLC			
2.	The complete street and mailing 6655 E Black Gold Street, Boise, Idal (Street Address)		al designated office:	
	(Mailing Address, if different than street address	ss)		
3.	The name and complete street address of the registered agent:			
	Owen Tran	6655 E black Gold S	St, Boise, Idaho, 83716	
	(Name)	(Street Address)		
4.	The name and address of at least one member or manager of the limited liability company:			
	<u>Name</u> Owen Tran	<u>Address</u> 6655 E Black Gold St, Boise, ID 83716		
5.	Mailing address for future corres 6655 E Black Gold Street, Boise, Idah	•	ort notices):	
6.	Future effective date of filing (op	tional):		
_	nature of a manager, member	or authorized		
	6)		Secretary of State use only	
	ed Name: Owen Tran		IDAHO SECRETARY OF STATE 03/06/2015 05:00 CK:2640850 CT:172099 BH:	
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