

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 NOV 14 PM 1:13

1.	The name of the limited liability compa	ny is:	STATE OF IDAHO	
	Cornelius Bu	usiness Solutions, LL		
2.	The complete street and mailing addresses of the initial designated/principal office: 541 S. Blakely Ave., Meridian, ID 83642 (Street Address) 541 S. Blakely Ave., Meridian, ID 83642 (Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Larry Cornelius		Ave., Meridian, ID 83642	
	(Name) (S	(Street Address)		
4.	The name and address of at least one member or manager of the limited liability company:			
	Name	<u>Address</u>		
	Larry Cornelius	541 S. Blakely Ave., Meridian, ID 83642		
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5	Mailing address for future correspondence (annual report notices):			
Ο.	Same			
		- Carro		
6.	Future effective date of filing (optional):			
Sigr	nature of organizer(s). (An organizer is a men	nber, or is		
	g in behalf of a member or members).			
Siar	nature————————————————————————————————————	, Qa	Secretary of State use only	
Typed Name: Larry Cornelius				
- 7 10.		8 8 13 Car	TOGHO SFERFTARY OF STATE	
Signature		LC formstoart_org_Ic.PMD 07/2008	11/14/2008 05:00 CK: CASH CT: 231464 BH: 1144523 1 8 188.88 = 188.88 ORGAN LLC # 2	
Typed Name:		brinstic		

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