



CERTIFICATE OF ORGANIZATION **FILED EFFECTIVE**
LIMITED LIABILITY COMPANY

2011 APR 12 PM 3:34

(Instructions on back of application)

RECEIVED
STATE OF IDAHO

1. The name of the limited liability company is:

ABACUS CONSULTING, LLC.

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

4305 PINEREST WAY, BOISE ID 83716

(Street Address)

(Mailing Address, if different than street address)

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

LINDSAY DULMORE

(Name)

4305 PINEREST WAY, BOISE ID

(Street Address)

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

LINDSAY DULMORE

Name

4305 PINEREST WAY, BOISE ID 83716

Address

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

4305 PINEREST WAY, BOISE ID 83716

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: _____

LINDSAY DULMORE

Secretary of State use only

Signature _____

Typed Name: _____

IDAHO SECRETARY OF STATE
 04/12/2011 05:00
 CK: 2184 CT: 143783 BH: 1268898
 1 @ 100.00 = 100.00 ORGAN LLC # 2