

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE 09 MAY 20 AM 8: 17

W84088

1. The name of the limited liability company is:

SECRETARY OF STATE

CTATE OF IDAHO

| | er Grant Writing, L.L.C. |
|---|--|
| he complete street and mailing ad- | dresses of the initial designated/principal office: |
| , | Ave. Apt. B Pocatello, ID 83201 |
| (Street Address) | |
| (Mailing Address, if different than street address) | |
| he name and complete street addr | ress of the registered agent: |
| | |
| Deborah Fuller (Name) | 428 S. 10th Ave. Apt. B Pocatello, ID 83201 (Street Address) |
| | (2000) |
| he name and address of at least o ompany: | one member or manager of the limited liability |
| Name | Address . |
| Deborah Fuller | 428 S. 10th Ave. Apt. B Pocatello, ID 83201 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| lailing address for future correspor | ndence (annual report notices): |
| • | Ave. Apt. B Pocatello, ID 83201 |
| | |
| uture effective date of filing (option | nal): |
| | |
| | |
| ture of organizer(s). (An organizer is a | a member, or is |
| • • • • • • | |
| in behalf of a member or members). | Secretary of State use only |
| in behalf of a member or members). | Secretary of State use only |
| in behalf of a member or members). | Secretary of State use only |
| ature of organizer(s). (An organizer is a in behalf of a member or members). ature | Secretary of State use only |