



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

1. The name of the limited liability company is:

2015 JUL 10 AM 8:49

Voice Alliance, LLC

SECRETARY OF STATE  
STATE OF IDAHO

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

4831 Greystone Ln, Idaho Falls, ID 83404

(Street Address)

(Mailing Address, if different than street address)

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

Aaron Lewis

(Name)

4831 Greystone Ln, Idaho Falls ID 83404

(Street Address)

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

Name

Address

Aaron Lewis

4831 Greystone Ln, Idaho Falls ID 83404

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

4831 Greystone Ln Idaho Falls ID 83404

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Aaron Lewis

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

07/10/2015 05:00

CK:125 CT:312276 BH:1483399

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