



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 MAR -3 AM 10:02

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

6MM Consulting LLC

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

11965 N. Rio Vista Rd. Pocatello, ID 83202

(Street Address)

(Mailing Address, if different than street address)

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

Shaun Barlow

(Name)

11965 N. Rio Vista Rd. Pocatello, ID 83202

(Street Address)

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

Name

Address

Shaun Barlow

11965 N. Rio Vista Rd. Pocatello, ID 83202

Emily Barlow

11965 N. Rio Vista Rd. Pocatello, ID 83202

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

11965 N. Rio Vista Rd. Pocatello, ID 83202

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

Signature of a manager, member or authorized person.

Signature  Shaun Barlow

Typed Name: Shaun Barlow

Signature _____

Typed Name: _____

Secretary of State use only

W135037

IDAHO SECRETARY OF STATE
03/03/2014 05:00
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