



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

**FILED EFFECTIVE**

2013 NOV 13 AM 8:52

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Mike Strawn Consulting LLC

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

306 E Roselake Dr, Middleton, Id 83644

(Street Address)

(Mailing Address, if different than street address)

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

Micheal Strawn

(Name)

306 E Roselake Dr, Middleton, Id 83644

(Street Address)

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

**Name**

**Address**

Micheal Strawn

306 E Roselake Dr, Middleton Id 83644

Tera Warner

306 E Roselake Dr, Middleton Id 83644

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

306 E Roselake Dr Middleton ID 83644

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name:

Tera Warner

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE  
11/13/2013 05:00  
CK: 1001 CT: 289645 BH: 1397852  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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