



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY FILED EFFECTIVE

(Instructions on back of application)

7012 JUN 27 AM 8:52

1. The name of the limited liability company is:

Pinnacle Business Network, LLC

SECRETARY OF STATE

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

355 West Waterside Drive, #102, Post Falls, ID 83854

(Street Address)

(Mailing Address, if different than street address)

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

Scott Sherman

355 West Waterside Drive, #102, Post Falls, ID 83854

(Name)

(Street Address)

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

Name	Address
Scott Sherman	355 West Waterside Drive, #102, Post Falls, ID 83854
Paul William Finck	125 Candlewood Lake Rd., Brookfield, CT 06804

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

355 West Waterside Drive, #102, Post Falls, ID 83854

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Scott Sherman

Signature

Typed Name: Paul William Finck

Secretary of State use only

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06/27/2012 05:00
CK: 1002 CT: 271859 BH: 1329900
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