



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2013 APR 12 AM 9:06
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Gate City Forensics Institute, LLC

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

795 Falls Ave. American Falls, ID 83211

(Street Address)

(Mailing Address, if different than street address)

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

Benjamin Croft

(Name)

795 Falls Ave. American Falls, ID 83211

(Street Address)

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

Name

Address

Benjamin Croft

795 Falls Ave. American Falls, ID 83211

Angela Stephens

560 Canyon Dr. Pocatello, ID 83204

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

795 Falls Ave. American Falls, ID 83211

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Benjamin Croft

Typed Name: Benjamin Croft

Signature

Typed Name:

Secretary of State use only

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04/12/2013 05:00
CK: 201 CT: 201847 BH: 1369183
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