

2012 DEC 11 AM 10:51
SECRETARY OF STATE
STATE OF IDAHO**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

1. The name of the limited liability company is:

Logical Shift Left, LLC

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

680 Ave. H Apt #103 83712 Boise ID

(Street Address)

(Mailing Address, if different than street address)

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

~~John O'Neil~~ Taylor Law Offices 223 N. 6th St. Ste 400 Boise ID 83702

(Name)

(Street Address)

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

Name	Address
<u>John O'Neil</u>	<u>680 Ave. H Apt. #103 83712 Boise ID</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

680 Ave. H Apt. #103 83712 Boise ID

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

Signature of a manager, member or authorized person.

Signature John O'NeilTyped Name: John O'Neil

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/11/2012 05:00
CK: 1011 CT: 277095 BH: 1350909
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