



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 JUN 18 AM 9:15
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Elledge & Associates, LLC

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

5272 W. Holly Hill Dr. Boise, Id 83703

(Street Address)

(Mailing Address, if different than street address)

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

Laurie Elledge

(Name)

5272 W. Holly Hill Dr. Boise, Id 83703

(Street Address)

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

Name

Address

Laurie Elledge

5272 W. Holly Hill Dr. Boise, Id 83703

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

5272 W. Holly Hill Dr. Boise, Id 83703

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Laurie Elledge

Typed Name: Laurie Elledge

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
06/18/2012 05:00
CK: NO CK # CT: 271542 BH: 1328725
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