

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

(Instructions on back of application)

12 FEB 10	ΑM	9:	1	2
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OF STATE

1.	The name of the limited liability cor	mpany is:	STATE OF IDAFO			
	Н 8	S Bookkeeping LLC				
2.	The complete street and mailing addresses of the initial designated office: 408 W. Vista Drive, Coeur d'Alene, ID 83815 (Street Address)					
	·					
	(Mailing Address, if different than street address)					
3.	he name and complete street address of the registered agent:					
	Randy Hair	408 W. Vista Drive, Coeur d'Al-	ene, ID 83815			
	(Name)	(Street Address)				
4.	The name and address of at least o company:	one member or manager of t	the limited liability			
	<u>Name</u>	<u>Address</u>				
	Randy Hair	408 W. Vista Drive, Coeur d'Alene, ID 83815				
			<del></del>			
5.	Mailing address for future correspon		es):			
	408 W. Vista Drive, Coeur d'Alene, ID 83	3815				
6.	Future effective date of filing (option	nal):	1			
_	nature of a manager, member or	· authorized				
hei	son.	Ser	cretary of State use only			
Sig	nature Kof Havi					
Тур	ped Name: Randy Hair					
			IDANO SECRETARY OF STATE			
_	nature		02/10/2012 05:00 K: 1984 CT: 166654 BH: 1319118			
IV	ped Name:	1	8 199 89 = 199 86 ADCAULTE			

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