

**FILED EFFECTIVE**

# **CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

NOV 25 PM 4:48

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

McClelland Consulting, LLC

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

1905 N.W. 1<sup>st</sup> Ave., Fruitland, ID 83619

(Street Address)

(Mailing Address, if different than street address)

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

Jennifer A. McClelland

(Name)

1905 N.W. 1<sup>st</sup> Ave., Fruitland, ID 83619

(Street Address)

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

**Name****Address**

Jennifer A. McClelland

1905 N.W. 1<sup>st</sup> Ave., Fruitland, ID 83619

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

1905 N.W. 1<sup>st</sup> Ave., Fruitland, ID 83619

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Jennifer A. McClelland  
Typed Name: Jennifer A. McClelland

Signature \_\_\_\_\_  
Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

11/26/2014 05:00

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