

Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

SECRETARY OF STATE

 The name of the limited liability cor 	mpany is:
In	nerVoice Group, LLC
. The complete street and mailing ad	dresses of the initial designated/principal office:
317 E.	Kite Dr., Eagle, ID 83616
(Street Address)	
(Mailing Address, if different than street address)	
The name and complete street add	ress of the registered agent:
Errika Saxey	317 E. Kite Dr., Eagle, ID 83616
(Name)	(Street Address)
company:	one member or manager of the limited liability Address
Errika Saxey	317 E. Kite Dr., Eagle, ID 83616
Mailing address for future correspor	ndence (annual report notices):
Future effective date of filing (option	nal):
gnature of organizer(s). (An organizer is a	a member, or is
ting in behalf of a member or members).	Secretary of State use only
gnature Ewika E. Salar	78-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C
/ped Name: Errika Saxey	g ₀
onature	IDAHO SECRETARY OF STATE

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