



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

**FILED EFFECTIVE**  
11 MAR 11 AM 11:51

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Cloud Mentoring, LLC

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

808 Pancheri, Idaho Falls, ID 83402

(Street Address)

(Mailing Address, if different than street address)

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

Brynn T. Erickson

(Name)

500 K Street, Idaho Falls, ID 83402

(Street Address)

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

**Name**

**Address**

Ty B. Erickson, Manager

3049 E. Hiddenwood Dr., Sande, UT 84092

Brynn T. Erickson, Manager

500 K Street, Idaho Falls, ID 83402

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

500 K Street, Idaho Falls, ID 83402

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Brynn T. Erickson, Manager

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE  
03/11/2011 05:00  
CK: 626946 CT: 172899 BH: 1263935  
1 @ 100.00 = 100.00 ORGAN LLC # 2

W101381