

CERTIFICATE OF ORGANIZATION 10 AUG 19 PM 2: 20 **PROFESSIONAL** LIMITED LIABILITY COMPANY

SECRETARY OF STATE STATE OF IDAHO

(Instructi	ons on back of applica	cation)	
1. The name of the profes	ssional limited liability	company is:	
	VBM Consultir	ing, PLLC	
The complete street ad- principal office:	dress, and mailing add	Idress if different, of the initial designa	ted/
	120 Porath Rd., Sandp	point, Idaho 83864	
3. The name of the comm address of the non-com		nt; or the name and complete street gent:	
Victor Bro	therton-Manna 120 Pora	rath Rd., Sandpoint, Idaho 83864	_
The name and address liability company: Name	of at least one memb	per or manager of the professional lim	ited
Victor Brotherton-N	Manna 1	120 Porath Rd., Sandpoint, Idaho 83864	
5. Mailing address for futu	re correspondence (a		
6. Future effective date of	filing (optional):		
	embers are duly licens	al company, and the principal professionsed or otherwise legally authorized to re Social Work	
Signature of an organizer(s or is acting in behalf of a require or members).	i). (An organizer is a mem d, and existing, initial men	Secretary of State use only mber Secretary of State use only	
Signature	//	skoar_c	
	roa, Legalzoom.com, Inc.	- E	ATE : = 00
Signature	- No. of the second	CK: 473533 CT: 167623 BH:	
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