h. X. Mai \		F ORGANIZATION FILED EFFECTIV
	(Instructions on b	Dack of application)
	e of the limited liability Itain West Consulting, LLC	company is: STATE OF IDAHO
2. The comp		g addresses of the initial designated office:
	ess) is, ID 83406 ress, if different than street addre	èss)
3. The name	and complete street a	address of the registered agent:
Jeff Osgo (Name)	od	4983 Chimney Rock Dr. (Street Address)
4. The name company: Jeff Osgo	Name	Address 4983 Chimney Rock Dr., Idaho Falls, ID 83406
Ų	ddress for future corres mney Rock Dr., idaho Falls	spondence (annual report notices): s, ID 83406
4303 011		
	fective date of filing (op	ptional):
6. Future eff Signature of	fective date of filing (op a manager, membe	er or authorized
6. Future eff Signature of person.		
6. Future eff Signature of	a manager, membe	er or authorized Secretary of State use only

cert_org_lic Rev. 07/2010