

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

,	
1. The name of the limited liability	r company is:
Sear	chlight Forensic Accounting, LLC
The complete street and mailing 247 River Vista Place Suite 101, Tv (Street Address)	g addresses of the initial designated office: vin Falls, ID 83301
(Mailing Address, if different than street addr	ess)
3. The name and complete street	
Janet L Neel (Name)	247 River Vista Place Suite 101, Twin Falls, ID 83301 (Street Address)
company:	ast one member or manager of the limited liability
<u>Name</u> Janet L Neel	<u>Address</u> 3668 N 1600 E, Buhl, ID 83316
 Mailing address for future corre 247 River Vista Place Suite 101, Tw 	spondence (annual report notices): in Falls, ID 83301
6. Future effective date of filing (o	ptional):
Signature of a manager, member person.	r or authorized
Signature	Secretary of State use only
Signature	IDAHO SECRETARY OF STATE ### ### ### ### ####################

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