



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

11 FEB -4 AM 10:20

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Q Absolute LLC

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

2179 W 5000 N

(Street Address)

Preston, ID 83263

(Mailing Address, if different than street address)

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

Bryce Hollingshead

(Name)

2179 W 5000 N Preston ID 83263

(Street Address)

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

**Name**

**Address**

Bryce Hollingshead

2179 W 5000 N Preston ID 83263

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

2179 W 5000 N Preston ID 83263

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Bryce Hollingshead

Typed Name: Bryce Hollingshead

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
02/04/2011 05:00  
CK: 168413806 CT: 255132 IN: 1258519  
1 @ 100.00 = 100.00 ORGAN LLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3

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