



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 APR 24 AM 8:44

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Shift6 Solutions LLC

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

409 S 9th St, Suite 207 Boise, ID 83702

(Street Address)

(Mailing Address, if different than street address)

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

Brady Briscoe

(Name)

2002 N 17th St Boise, ID 83702

(Street Address)

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

Name

Address

Brady Briscoe

2002 N 17th St Boise, ID 83702

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

2002 N 17th St Boise, ID 83702

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: Brady Briscoe

Signature

Typed Name:

Secretary of State use only

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04/24/2013 05:00
CK: 103536041917 CT: 157300 BH: 1370911
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