ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECT VE

(Instructions on back of application)

·	Z005 NOV -9 AM 9: 6
1. The name of the limited liabilit	ly company is:
Zollinger Consulting, LLC	SEORETARY OF STATE OF STATE
2. The street address of the initia	** I ** ** *** ** ** ** ** ** ** ** ** *
2238 Robb St., Idaho Falls,	
	istered agent at the above address is:
Steven G. Zollir	iger
The mailing address for future	correspondence is:
2238 Robb St., Idaho Falls,	ID 83402
4. Management of the limited lial	bility company will be vested in:
Manager(s) ✓ or Member	(S) (please check the appropriate box)
- 	
5. If management is to be vested	d in one or more manager(s), list the name(s) and itial manager. If management is to be vested in the
member(s), list the name(s) a	and address(es) of at least one initial member.
Name	Address
	0000 Dulik Ok Litaka Falka ID 00400
Steven G. Zollinger	2238 Robb St., Idaho Falls, ID 83402
Geri A. Zollinger	2238 Robb St., Idaho Falls, ID 83402
6. Signature of at least one pers	on responsible for forming the limited liability company:
Signature: Steen S.	Secretary of State use only
Typed Name: Steven G. Zollii	nger ^g
Capacity: Manager	IDAHO SECRETARY OF STATE 11/09/2005 05:00 CK: 8689 CT: 194845 BH: 921374 1 9 180.88 = 188.80 ORGAN LLC #
Signature Au a. Zalle	IDAHO SECRETARY OF STATE 11/09/2005 05:00
Typed Name, Geri A. Zollinge	1 1/09/2005 05:00 CK: 8689 CT: 194845 BH: 921374 1 9 100.00 = 100.00 ORGAN LLC #
Capacity: Manager	Policy Po