



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 MAR -4 AM 10:00

**SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the limited liability company is:

Joe Toney CPR Instruction LLC

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

1920 W. Glade Creek St. Meridian, ID 83646

(Street Address)

(Mailing Address, if different than street address)

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

Joseph G. Toney

1920 W. Glade Creek St. Meridian, ID 83646

(Name)

(Street Address)

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

Name

Address

Joseph G. Toney

1920 W. Glade Creek St. Meridian, ID 83646

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

Same

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Joseph G. Toney

Signature _____

Typed Name: _____

SECRETARY OF STATE

03/04/2015 05:00

CK: CASH CT: 249651 BH: 1464510

1@ 100.00 = 100.00 ORGAN LLC #2

W148654