





STATE OF IDAHO Office of the secretary of state, Phil McGrane CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

-FILED-

File #: 0006015316

Date Filed: 12/6/2024 12:24:15 PM

| Certificate of Organization Limited Liability Comp Select one: Standard, Expedited or S descriptions below) | | Standard (filing fee \$100) | |
|---|---|---|-----------------|
| 1. Limited Liability Company Name | | | |
| Type of Limited Liability Company | | Limited Liability Company | |
| Entity name | | Julies Mobile Notary LLC | |
| 2. The complete street address of the principal o | ffice is: | | |
| Principal Office Address | | JULIE WAHLER 5553 N COLLISTER DRIVE BOISE, ID 83703 | |
| 3. The mailing address of the principal office is: | | | |
| Mailing Address | | JULIE WAHLER 5553 N COLLISTER DR BOISE, ID 83703-3811 | |
| 4. Registered Agent Name and Address | | | |
| Registered Agent | | Registered Agent | |
| | | Julie Wahler Physical Address: | |
| | | JULIE WAHLER | |
| | | 5553 N COLLISTER DRIVE | |
| | | BOISE, ID 83703 | |
| | | Mailing Address: JULIE WAHLER | |
| | | 5553 N COLLISTER DR | |
| | | BOISE, ID 83703-3811 | |
| ☑ I affirm that the registered agent | appointed has consented | d to serve as registered agent fo | or this entity. |
| 5. Governors | | | |
| Name | | Address | |
| Julie Wahler | JULIE WAHLER | | |
| | 5553 N COLLISTER DRIVE BOISE, ID 83703 | | |
| Signature of Organizer: | | | |
| | | | |
| Julie Wahler | | | 12/06/2024 |
| Sign Here | | | Date |