



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

12 FEB -6 AM 9:01

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Ivory Case Management, LLC.

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

811 12th Street Ste #2 Nampa ID 83686

(Street Address)

12384 Abbot-Downing Way Nampa ID 83686

(Mailing Address, if different than street address)

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

Khiale Harvard

(Name)

12384 Abbot Downing Way Nampa 83686

(Street Address)

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

Khiale Harvard

Name

12384 Abbot Downing Way Nampa 83686

Address

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

12384 Abbot Downing Way Nampa ID 83686

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

Signature of a manager, member or authorized person.

Signature Khiale V. Harvard

Typed Name: _____

Signature _____

Typed Name: _____

Secretary of State use only

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02/06/2012 05:00
CK: 2024 CT: 266235 BH: 1389277
1 @ 100.00 = 100.00 ORGAN LLC # 2

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