

FILED EFFECTIVE



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 DEC 22 AM 9:47

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Retirement Income Solutions L L C

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

6072 S 46 E

(Street Address)

Idaho Falls ID 83406

(Mailing Address, if different than street address)

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

Marshall B Egan

(Name)

6072 S 46 E Idaho Falls ID 83406

(Street Address)

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

NameAddress

Marshall B Egan

6072 S 46 E Idaho Falls ID 83406

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

6072 S 46 E Idaho Falls ID 83406

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

*Marshall B Egan*

Typed Name:

MARSHALL B. EGAN

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

12/22/2014 05:00

CK:1296 CT:133973 BH:1453920

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