

FILED EFFECTIVE

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2013 DEC 26 PM 3:02

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

3 Solutions Design LLC

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

1248 E Pisa St Meridian ID 83642

(Street Address)

(Mailing Address, if different than street address)

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

Phillip Bates

(Name)

1248 E Pisa St Meridian ID 83642

(Street Address)

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

Phillip BatesName1248 E Pisa St Meridian ID 83642Address

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

1248 E Pisa St Meridian ID 83642

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

Signature of a manager, member or authorized person.

Signature Phillip BatesTyped Name: Phillip Bates

Signature _____

Typed Name: _____

Secretary of State use only

 IDAHO SECRETARY OF STATE
 12/26/2013 05:00
 CK: 1650132 CT: 172099 BN: 1403200
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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