



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY FILED EFFECTIVE

(Instructions on back of application)

11 FEB 23 PM 4:15

STATE OF IDAHO

1. The name of the limited liability company is:

My Home Exam LLC

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

12036 W. Gunsmoke Dr. Boise Idaho 83713

(Street Address)

(Mailing Address, if different than street address)

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

Brett M. Gettman

(Name)

12036 W. Gunsmoke Dr. Boise Idaho 83713

(Street Address)

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

**Name**

**Address**

Brett M. Gettman

12036 W. Gunsmoke Dr. Boise Idaho 83713

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

12036 W. Gunsmoke Dr. Boise Idaho 83713

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Brett Matthew Gettman

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE  
02/23/2011 05:00  
CK: 2302 CT: 255044 BH: 1261315  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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