

Typed Name: _____

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 OCT -6 AM 9: 49

1.	The name of the limited liability com	STATE OF IDAHU
		e Control Consultants LLC
2.	The complete street and mailing addresses of the initial designated/principal office: 4 S. Stella Cr. Rd. Coeurdalene Idaho 83814	
	(Street Address)	
	(Mailing Address, if different than street address)	
3. 7	The name and complete street address of the registered agent:	
	Tom Yeiser	4 S. Stella Cr. Rd. Coeurdalene Idaho 83814
	(Name)	(Street Address)
	The name and address of at least one member or manager of the limited liability company:	
	<u>Name</u>	Address
	Tom Yeiser	4 S. Stella Cr. Rd. Coeurdalene idaho 83814

. A	Mailing address for future correspond	dence (annual report notices):
•	-	Rd. Coeurdalene Idaho 83814
. F	Future effective date of filing (options	al):
	ature of organizer(s). (An organizer is a in behalf of a member or members).	member, or is
		Secretary of State use only
_	ature	
/pe	d Name: Tom Yeiser	
		ALC formations, org. It. PMD d 0772008
gna	ature	98 98

IDAHO SECRETARY OF STATE

10/06/2008 05:00

CK: 4395 CT: 230329 BH: 1138884

1 @ 100.00 = 100.00 DRGAN LLC # 2

