



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

2016 SEP -1 PM 12:15

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

BILL SMITH COMPENSATION CONSULTING, LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

4627 W. White Birch Dr., Meridian, Idaho 83646

(Street Address)

(Mailing Address, if different)

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

William J. Smith

4627 W. White Birch Dr., Meridian, Idaho 83646

(Name)

(Address cannot be a post office box or postal mail box.)

4. The name and address of at least one governor of the limited liability company:

William J. Smith

4627 W. White Birch Dr., Meridian, Idaho 83646

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

4627 W. Birch Dr., Meridian, Idaho 83646

(Address)

Signature of organizer(s).

Signature: _____

Printed Name: **William J. Smith**

Signature: *William J. Smith*

Printed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/01/2016 05:00

CK:8273 CT:328566 BH:1544532

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