

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

11 SEP -8 AT 9:09

(Instructions on back of application)

| 1 | (Instructions on ba | ick of application) | |
|-----|---|---|----------------------|
| 1. | The name of the limited liability of | SECT. STATE | OF STATE OF IDAHO |
| | SSF | R Business Consulting, LLC | |
| 2. | The complete street and mailing 6750 N. Barney Ln. Meridian, ld 8364 | addresses of the initial designated/pri | ncipal office: |
| | (Street Address) | | |
| | (Mailing Address, if different than street address) | | |
| 3. | The name and complete street address of the registered agent: | | |
| | Tracy L Tucker | 6750 N. Barney Ln. Meridian, Id 83646 | |
| | (Name) | (Street Address) | |
| 4. | The name and address of at least one member or manager of the limited liability company: Name Address | | |
| | Tracy L Tucker | 6750 N. Barney Ln. Meridian, ld 83646 | |
| | Darin Tucker | 6750 N. Barney Ln. Meridian, Id 83646 | |
| | ************************************** | | |
| | | | |
| | | | |
| 5. | Mailing address for future corresp | oondence (annual report notices): | |
| | 6750 N. Barney Ln. Meridian, Id 83646 | | |
| 6. | Future effective date of filing (opt | ional): | |
| | nature of a manager, member | or authorized | |
| Sig | nature May Lucke | Secretary of St | ate use only |
| Тур | ed Name: Tracy L Tucker | | |
| | | | |

Signature_____

Typed Name:

IDAHO SECRETARY OF STATE

89/08/2011 05:80

CK: NO CHECK # CT: 262256 BH: 1289564
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