

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

11 JUL -7 AM 8 51

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FILED EFFECTIVE

(Instructions on back of application)

	•	,	
1. The name of	the limited liability com	pany is:	SECTOR BY OF STATE OF IDA
	Smith Sol	lutions & Consulting, LLC	Office OF IDE
•	e street and mailing add N Payette, ID 83661	resses of the initial designated/pri	ncipal office:
(Mailles Address	if different them also at addition		
	if different than street address)		
3. The name an	a complete street addre	ess of the registered agent:	
Angela Smith		2608 7th Ave N Payette, ID 83661	
(Name)		(Street Address)	
4. The name an company:	d address of at least on	ne member or manager of the limite	ed liability
Angela Smith		2608 7th Ave N Payette, ID 83661	
•	•	dence (annual report notices):	
2608 /th Ave	N Payette, ID 83661		
6. Future effecti	ve date of filing (optiona	al):	
Signature of a r	nanager, member or		
Signature <u>Ung</u>	la Smith	Secretary of St	ate use only
Typed Name: 📶	gera Smith		
		97/97/	ECRETARY OF STATE 2011 05:00 260432 BH: 1281480 100.80 ORGAN LLC # 2

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