



CERTIFICATE OF ORGANIZATION ^{FILED EFFECTIVE} LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 AUG 15 AM 9:31

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

BAB CONSULTING LLC

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

417 KNOTTINGHAM DRIVE, TWIN FALLS, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

TIM A BROWNE

(Name)

417 KNOTTINGHAM DRIVE, TWIN FALLS, ID 83301

(Street Address)

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

Name

Address

TIM A BROWNE

417 KNOTTINGHAM DRIVE, TWIN FALLS, ID 83301

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

417 KNOTTINGHAM DRIVE, TWIN FALLS, ID 83301

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature *Tim Browne*

Typed Name: TIM A BROWNE

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/15/2013 05:00
CK: 2730 CT: 178219 BH: 1306229
1 @ 100.00 = 100.00 ORGAN LLC # 2

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