



# **CERTIFICATE OF ORGANIZATION**

## **LIMITED LIABILITY COMPANY**

**FILED EFFECTIVE**  
2015 FEB 19 AM 8:34

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Loree Consulting LLC

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

3050 Berry Creek Drive, Hailey ID 83333

(Street Address)

PO Box 6895, Ketchum ID 83340

(Mailing Address, if different than street address)

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

Sara Loree

(Name)

3050 Berry Creek Drive, Hailey ID 83333

(Street Address)

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

**Name**

**Address**

Sara Loree

3050 Berry Creek Drive, Hailey ID 83333

Austin Loree

3050 Berry Creek Drive, Hailey ID 83333

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

PO Box 6895, Ketchum ID 83340

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Sara Loree

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

02/19/2015 05:00

CK:224 CT:306594 BH:1462381

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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