



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 JAN 14 AM 10:03

STATE OF IDAHO

1. The name of the limited liability company is:

Hill Rd. Consulting LLC

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

9462 W Sloan St. Boise, ID 83714

(Street Address)

(Mailing Address, if different than street address)

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

Troy Abegglen

(Name)

9462 W Sloan St. Boise ID, 83714

(Street Address)

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

Name

Address

Troy Abegglen

9462 W Sloan St. Boise ID, 83714

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

9462 W Sloan St. Boise ID, 83714

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

Signature of a manager, member or authorized person.

Signature Troy Abegglen

Typed Name: Troy Abegglen

Signature _____

Typed Name: _____

Secretary of State use only

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01/14/2011 05:00
CK: 584610 CT: 172099 BH: 1253402
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