



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2009 DEC 30 PM 2: 42

| | STATE OF IDAHO |
|----------------------------------------------------|----------------------------------------------------------------------------------|
| 1. The name of the limited liability | company is: |
| | Scott Truitt Consulting, LLC |
| 2. The complete street and mailing | g addresses of the initial designated/principal office: |
| • | Lake Heron Lane, Boise, ID 83706 |
| (Street Address) | |
| (Mailing Address, if different than street address | ess) |
| . The name and complete street a | address of the registered agent: |
| Scott Truitt | 1911 Lake Heron Lane, Boise, ID 83706 |
| (Name) | (Street Address) |
| . The name and address of at least company: | ast one member or manager of the limited liability |
| Name | Address |
| Scott Truitt | 1911 Lake Heron Lane, Boise, ID 83706 |
| Kimberly Truitt | 1911 Lake Heron Lane, Boise, ID 83706 |
| | |
| | |
| | |
| | |
| | |
| Mailing address for future corres | spondence (annual report notices): |
| 1911 L | Lake Heron Lane, Boise, ID 83706 |
| | |
| Future effective date of filing (op | ptional): January 1, 2010 |
| | |
| gnature of organizer(s). (An organize | |
| ting in behalf of a member or members). | Secretary of State use only |
| gnature | |
| ped Name: Scott Fruitt | tt |
| 1 1 | IDAHO SECRETARY OF STATE 12/30/2009 05 = 6 CK: 5834 CT: 243434 BH: 1281 Tuitt |
| gnature <u>Marc</u> | 12/30/2009 05:(CK: 5834 CT: 243434 RH: 128 |
| vned Name: Kimberly Tru | ruitt 5 1 0 100.00 = 100.00 ORGAN LI |

W89429