



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

10 APR -7 PM 2:42

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

C5 Consulting *LLC*

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

2030 N Springland Pl. Boise, ID 83713

(Street Address)

(Mailing Address, if different than street address)

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

Troy Thibo

2030 N. Springland Pl. Boise, ID 83713

(Name)

(Street Address)

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

**Name**

**Address**

Troy Thibo

2030 N. Springland Pl. Boise, ID 83713

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

2030 N. Springland Pl. Boise, ID 83713

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature *Troy Thibo*

Typed Name: TROY THIBO

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

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Revised 07/2008

Secretary of State use only

*W 92277*

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04/07/2010 05:00  
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