

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application)

2814 DEC 11 PM 3: 06

1.	The name of the limited liability company is:		SECRETARY OF SITA STATE OF IDAMO	JE	
	NEWION CONSULTENG, LLC	) 			
2.		e complete street and mailing addresses of the initial designated office:			
	4402 S. DANZENCE AVEN	ルモ			
	Botse Dn Atto 83716 (Mailing Address if different than street address)				
3.	The name and complete street address of the registered agent:				
	(Name) S. NEWTON	U402 S. (Street Address)	DANIZOGE AVENUE BOJE, DI 83	716	
4.	The name and address of at least one member or manager of the limited liability company:				
	<u>Name</u>		Address		
	LARMY S. NEWTON	4402 5. C	AMAZOGÉ AMARE BOITE, AND 83	7/6	
		***************************************			
		-			
5.	Mailing address for future correspondence (annual report notices):				
	4402 S. DAMIZNOE AVENUE	Boise	INAID 837/6		
6.	Future effective date of filing (optional):				
_	nature of a manager, member or son.	r authorized			
	nature duy S. Tunn		Secretary of State use only		
_	ed Name: LARRY S. NEWTON		IDAHO SECRETARY OF STAT 12/11/2014 05:00		
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_	nature	<del></del>	10 100.00 = 100.00 ORGAN	ئ# المنت	
ı y	ed Name:				

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