



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED-EFFECTIVE

MAR -5 AM 8:50

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

CFO Resources & Risk Management, LLC

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

11142 W Riverview Drive

(Street Address)

Post Falls, ID 83854

(Mailing Address, if different than street address)

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

Kathie Lyon

(Name)

11142 W Riverview Drive Post Falls, ID 83854

(Street Address)

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

Name

Address

Kathie Lyon

11142 W Riverview Drive Post Falls, ID 83854

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

11142 W Riverview Drive Post Falls, ID 83854

6. Future effective date of filing (optional): N/A

Signature of a manager, member or authorized person.

Signature

Typed Name: Kathie Lyon

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

03/05/2015 05:00

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