

Typed Name: ____

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 FEB - 1 M 9- 18

1. The name of the limited lia	ability company i	is:	SECRETARY OF STATE STATE OF IDAHO
	Greg Strimple Stra	ategy Group, L.L.(
2. The complete street and m	nailing addresses	of the initial d	esignated/principal office:
•	orth 9th Street, Suite		, ,
(Street Address)	,	· · · · · ·	
(Mailing Address, if different than stre	et address)		
The name and complete s	•	the registered a	agent:
Gregory Strimple	350	North 9th Street,	Suite 550, Boise, Idaho 83702
(Name)	(Street	(Street Address)	
The name and address of company: Name	at least Olic Hieli	ibei oi managi	Address
Gregory Strimple	73	731 East Nature View Court, Boise, Idaho, 83702	
• • • • • • • • • • • • • • • • • • •			· · · · · · · · · · · · · · · · · · ·
Mailing address for future of 350 N	correspondence (orth 9th Street, Suite	•	•
. Future effective date of filir	ng (optional):		
gnature of organizer(s). (An or ting in behalf of a member or mem	-	r, or is	
		Q	Secretary of State use only
ignature	0	C formsteart_org_flc.PMD	
yped Name. Gregor	y Strimple		
		omskæ 008	
ionature	4	07.02 07.02 07.02	IDAHO SECRETARY OF STATE

02/01/2010 05:00 CK: 12% CT: 244423 BH: 1285861 1 8 108.88 = 100.88 ORSAN LLC N 2 1 8 20.88 = 28.00 EXPEDITE C N 3

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