

Signature

Typed Name: DEAN MORENO

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 11 MAY 10 AM 8: 09

E SOLV	(Instructions on	back of application)	SECT LARY OF STATE	
1. The na	ame of the limited liabilit	ty company is:	STATE OF IDAHO	
	MORENO AND MORENO CONSULTING FIRM, LLC.			
	omplete street and mailin		I designated/principal office:	
	Address) ND AVE. NORTH STE. A TV	VIN FALLS, IDAHO 83301		
	Address, if different than street add			
3. The na	ame and complete stree	t address of the registere	ed agent:	
MARK	(MORENO	719 ALYSSA AVE. TWIN FALLS, IDAHO 83301		
(Name)		(Street Address)		
compa	<u>Name</u>	·	Address	
MADI	<u>Name</u> (MORENO	710 ALVESA AVE 3	rwin Falls, IDAHO 83301	
				
DEAN	MORENO	224 WEST AVE. F .	JEROME, IDAHO 83338	
				
<u></u>				
5. Mailin	a address for future corr	espondence (annual rep	ort notices):	
	ND AVE. NORTH STE, A TV	•	·	
				
6. Future	e effective date of filing (optional):		
Signature	of a manager, memb	er or authorized		
person.	11 / 11		Secretary of State use only	
Sianatura	M. J. Allen		,	
Signature Typed Nai	me: MARK MORENO			
ypeu na	The.			

IDAHO SECRETARY OF STATE

05/10/2011 05:08

CK: 58815780848 CT: 257791 BH: 1273009
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