

## CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 OCT 31 AM 8: 55

1.	The name of the limited liability company is:		SECRETARY OF STATE STATE OF IDAHO	
	Ins	pired Solutions, LLC		
2.	The complete street and mailing addresses of the initial designated/principal office: 827 Grelle Ave., Lewiston, ID 83501			
	(Street Address)			
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Brenda McKenzie 827 Grelle Ave, Lewiston, ID 8350		ID 83501	
	(Name)	(Street Address)		
4.	The name and address of at least one member or manager of the limited liability company:			
	<u>Name</u>	£.	<u>Address</u>	
	Brenda McKenzie	827 Grelle Ave, Lewiston, ID 83501		
5.	Mailing address for future correspondence (annual report notices):			
	827 Grelle Ave, Lewiston, ID 83501			
6.	future effective date of filing (optional):			
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_	nature of a manager, member or son.	authorized		
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	ped Name: Brenda McKenzie			
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Sig	nature		IDAHO SECRETARY OF STATE	
Typed Name:				
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