



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

10 AUG 23 PM 2:08

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Davio Consulting, LLC

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

7990 W. Pomona Boise, ID 83704

(Street Address)

(Mailing Address, if different than street address)

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

Joe M. Davio

(Name)

7990 W. Pomona Boise, ID 83704

(Street Address)

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

Name

Address

Joe M. Davio

7990 W. Pomona Boise, ID 83704

Carina R. Davio

7990 W. Pomona Boise, ID 83704

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

7990 W. Pomona Boise, ID 83704

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Joe M. Davio

Typed Name: Joe M. Davio

Signature _____

Typed Name: _____

Secretary of State use only

W 95799

IDAHO SECRETARY OF STATE
08/23/2010 05:00
CK: 499683 CT: 172899 DN: 1235934
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