FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 MAY 11 AM 8: 12

(Instructions on back of application)

SECRETARY OF STATE

The name of the limited liability	
	ional Retirement Security Plan, LLC
The complete street and mailing	ng addresses of the initial designated/principal office:
3837 N	N. Green Valley Way, Eagle, ID 83616
(Street Address)	
(Mailing Address, if different than street add	dress)
The name and complete street	at address of the registered agent:
Matthew Hutcheson	3837 N. Green Valley Way
(Name)	(Street Address)
The name and address of at k company:	east one member or manager of the limited liability
Marne	Address 3837 N. Green Valley Way, Eagle ID 83616
Matthew D. Hutcheson	3837 N. Green Valley Way, Eagle 10 30010
	(,
. Mailing address for future cor	rrespondence (annual report notices): 7 N. Green Valley Way, Eagle ID 83616
The transfer of the control of filling	(optional):
. Future ellective date of ming	(Optional).
ignature of organizer(s). (An organ	inizar is a member, or is
ignature of organizer(s). (Arrorganizer)	978). Secretary of State use only
-0-	***************************************
ignature Modern	Hydoheson
yped Name: Matthew D. I	TULICI INSCI.
	Hutcheson IDAHO SECRETARY OF STATE
ignature	CX: 2526 CT: 247864 BH: 1221
yped Name:	20 GQ = 20 GQ EXPEDITE

1 0 198.00 = 100.00 ORGAN LLC 1 2 1 0 20.00 = 20.00 EXPEDITE C 1 3

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