

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE 2014 OCT 22 AM 8: 45

1. The name of the limited liability company is:	STATE OF STATE
Schwartz Preservation consu	Iting L.L.C.
2. The complete street and mailing addresses of the	
499 Ave. H. Apt. 412 Boise, ID	83712
(Street Address)	
(Mailing Address, if different than street address)	
3. The name and complete street address of the re	egistered agent:
Tyacy Schwartz 499 A (Name) Schwartz Boise (Street Address	ve. tt, Apt, 412
(Name) Schwartz Boise (Street Address	, Idaho 83 112
(cano)	
4. The name and address of at least one member	or manager of the limited liability
company:	
Tracy Schwartz 499 A Boise	Ve. H, APt, 412
Tracy Schwartz Boise,	Ibaho 83 MZ
5. Mailing address for future correspondence (ann	
P.O. BOX 149 EIK RYER, ID 8382	7
6. Future effective date of filing (optional):	
6. Future effective date of filling (optional).	
Signature of a manager, member or authorized	d
person.	
MIAMASOMMAN OF RES	Secretary of State use only IDAHO SECRETARY OF STATE
Signature TVA CLI Scholary	10/22/2014 05:00
Typed Name: TVACY SCHWAYTZ	CK:1226 CT:302428 BH:1446252 1@ 100.00 = 100.00 ORGAN LLC #
Signature	
Typed Name:	
Typos Harrier	11/1/2512

cert_org_llc Rev. 07/2010