



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 MAR 31 AM 9:15

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ARLENES BOOKKEEPING LLC

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

112 S 632 LN W PAUL ID 83347

(Street Address)

PO BOX 119 PAUL ID 83347

(Mailing Address, if different than street address)

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

ARLENE DEMPSAY

(Name)

112 S 632 LN W PAUL ID 83347

(Street Address)

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

Name

Address

ARLENE DEMPSAY

PO BOX 119 PAUL ID 83347

ROBERT DEMPSAY

PO BOX 119 PAUL ID 83347

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

PO BOX 119 PAUL ID 83347

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name:

ARLENE DEMPSAY

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
03/31/2014 05:00
CK: 4588 CT: 295824 BH: 1417856
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