



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

**FILED EFFECTIVE**

**2017 OCT 25 AM 9:01**

**SECRETARY OF STATE  
STATE OF IDAHO**

1. The name of the limited liability company is:

**Lake City Consulting, LLC**

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

**2036 S Stateline Rd, Post Falls, ID 83854**

(Street Address)

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

**Nicholas Kleinsmith**

**2036 S Stateline Rd, Post Falls, ID 83854**

(Name)

(Address cannot be a post office box or postal mail box)

4. The name and address of at least one governor of the limited liability company:

**Nicholas Kleinsmith**

**2036 S Stateline Rd, Post Falls, ID 83854**

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

**2036 S Stateline Rd, Post Falls, ID 83854**

(Address)

Signature of organizer(s).

Signature: Nicholas Kleinsmith

Printed Name: Nicholas Kleinsmith

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

**10/25/2017 05:00**

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