## CERTIFICATE OF ORGANIZATION

FILED EFFECTIVE LIMITED LIABILITY COMPANY 2011 JUN 22 PM 3: 30 SECRETARY OF STATE STATE OF IDAHO (Instructions on back of application) 1. The name of the limited liability company is:

RB Perform	nance Consulting LLC
The complete street and mailing addre	esses of the initial designated/principal office:
5347 N. Black Spruce Place, Boise, ID 8371	3
(Street Address)	
(Mailing Address, if different than street address)	
The name and complete street address	s of the registered agent.
Renae Bieri	5347 N. Black Spruce Place, Boise, ID 83713
(Name)	(Street Address)
The name and address of at least one company:	member or manager of the limited liability
Renae Bieri	5347 N. Black Spruce Place, Bolse, ID 83713
-	
Mailing address for future corresponde	ence (annual report notices):
c/o: 5347 N. Black Spruce Place, Boise, ID 8	
Future effective date of filing (optional)	<u>):</u>
gnature of a manager, member or	,
rson.	
	Secretary of State use only
gnature	
ped Name: Karla Figueroa, Legaizoom.com,	, Inc.

Signature \_\_ Typed Name: \_ IDAHO SECRETARY OF STATE 06/23/2011 05:00 CK: 712281 CT: 172099 BH: 1279579 1 0 100.00 = 100.00 ORGAN LLC # 2

W 104424

cert org tic Rev. 57/2010