



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
2010 DEC 17 AM 8:47

1. The name of the limited liability company is:

Maverick Consulting, LLC

SECRETARY OF STATE
STATE OF IDAHO

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

1967 Alder Creek Loop Rd. St. Maries, ID 83861

(Street Address)

(Mailing Address, if different than street address)

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

Nicholas Ferris

(Name)

1967 Alder Creek Loop Rd. St. Maries, ID 83861

(Street Address)

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

NameAddress

Nicholas Ferris

same as above

Sabrina Ferris

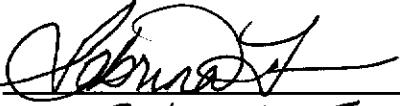
same as above

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

same

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Typed Name: Sabrina Ferris

Secretary of State use only

Signature _____

Typed Name: _____

IDaho SECRETARY OF STATE
12/17/2010 05:00
CK: 2058 CT: 203662 BH: 1251285
1 @ 100.00 = 100.00 ORGAN LLC # 2