



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
2010 DEC 17 AM 8:41

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Maverick Consulting, LLC

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:

Name

Address

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

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
12/17/2010 05:00
CK: 2050 CT: 203662 BH: 1251205
1 @ 100.00 = 100.00 ORGAN LLC # 2

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