



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

11 JUL 18 AM 9:49

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Relationship Assessment Services, LLC

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

1035 Lowell Drive

(Street Address)

Idaho Falls, ID 83402

(Mailing Address, if different than street address)

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

Candis L Twede

(Name)

1035 Lowell Drive Idaho Falls, ID 83402

(Street Address)

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

Name

Address

Canbri Enterprises, llc

1035 Lowell Drive Idaho Falls, ID 83402

KSkinner Corp

638 Brookside Dr. Springville, Utah 84663

Stripling, llc

325 W. Ash Circle Woodland Hills, UT 84653

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

1035 Lowell Drive Idaho Falls, ID 83402

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Candis Twede

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
07/18/2011 05:00
CK: 8200 CT: 225674 BH: 1202975
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