



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 SEP 23 AM 9:57

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Mobile Device Forensics LLC

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

4221 St. Andrews Dr. Boise, ID 83705

(Street Address)

(Mailing Address, if different than street address)

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

Bret M. Lane

(Name)

4221 St. Andrews Dr. Boise, ID 83705

(Street Address)

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

Name

Address

Bret M. Lane

4221 St. Andrews Dr. Boise, ID 83705

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

same as above

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

Signature of a manager, member or authorized person.

Signature Bret M. Lane

Typed Name: Bret M. Lane

Signature _____

Typed Name: _____

Secretary of State use only

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09/23/2011 05:00
CK: 198 CT: 262697 BH: 1291684
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