



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2012 SEP 13 PM 2:38

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

NIELSEN Consulting LLC

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

6120 ROBERTSON DR BOISE, IDAHO 83709

(Street Address)

(Mailing Address, if different than street address)

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

BOISE

ROBERT NIELSEN

(Name)

6120 ROBERTSON DR 83709

(Street Address)

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

Name

Address

ROBERT NIELSEN

6120 ROBERTSON DR BOISE, IDAHO 83709

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

6120 ROBERTSON DR BOISE, IDAHO

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Robert NIELSEN

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
09/13/2012 05:00
CK: 1131657 CT: 172899 BH: 1339728
1 @ 100.00 = 100.00 ORGAN LLC # 2

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