



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

**FILED EFFECTIVE**  
**2017 JUN 21 AM 9:19**

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

**CULTIVATE CONSULTING, LLC**

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

**2371 HOME PLACE ST TWIN FALLS, ID 83301**

(Street Address)

(Mailing Address, if different)

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

**MATTHEW GEALTA**

**2371 HOME PLACE ST TWIN FALLS, ID 83301**

(Name)

(Address cannot be a post office box or postal mail box)

4. The name and address of at least one governor of the limited liability company:

**MATTHEW GEALTA**

**2371 HOME PLACE ST TWIN FALLS, ID 83301**

(Name)

(Address)

**JOSHUA STEWART**

**2371 HOME PLACE ST TWIN FALLS, ID 83301**

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

**2371 HOME PLACE ST TWIN FALLS, ID 83301**

(Address)

Signature of organizer(s):

Signature: Matthew Gealta

Printed Name: MATTHEW GEALTA

Signature:

Joshua Stewart

Printed Name: JOSHUA STEWART

Secretary of State use only

IDaho SECRETARY OF STATE

06/21/2017 05:00

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