

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2015 MAY -5 PM 3: 25

(Instructions on		pack of application)	SECRETARY OF STATE
. 1.	The name of the limited liability company is:		STATE OF IDAHO"
	Secure Retirement Solutions, LLC		
2.	The complete street and mailing 800 W. Main St., Suite 1460, Boise, (Street Address)		initial designated office:
	(Mailing Address, if different than street addre	ess)	
3.	The name and complete street address of the registered agent:		
	Timothy Scott Collins	3776 Minutema	n Way, Boise, Idaho 83706
	(Name)	(Street Address)	
4.	The name and address of at lea company:	st one member or	manager of the limited liability
	Name		Address
	Timothy Scott Collins	3776 Minutema	an Way, Boise, Idaho 83706
	·		
5.	Mailing address for future corres 3776 Minuteman Way, Boise, Idaho		l report notices):
6.	Future effective date of filing (or	otional):	
	nature of a manager, membe	r or authorized	
Sig	nature		Secretary of State use only IDAHO SECRETARY OF STATE 05/05/2015 05:00 CK:5121 CT:309875 BH:1474162 10 100.00 = 100.00 ORGAN LLC
Sig	nature		-c Soc. on Garage Mail H
Туј	oed Name:		

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