



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 JAN 23 AM 8:27

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Brokers1st, LLC

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

234 w 16th st

(Street Address)

Idaho Falls, ID 83402

(Mailing Address, if different than street address)

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

Joshua Jackson

(Name)

234 w 16th st Idaho Falls, ID 83402

(Street Address)

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

Name

Joshua Jackson

Address

234 w 16th st, Idaho Falls, ID 83402

Jennifer Jackson

234 w 16th st, Idaho Falls, ID 83402

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

234 w 16th st, Idaho Falls, ID 83402

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Joshua Jackson

Secretary of State use only

Signature

Typed Name: Jennifer Jackson

IDaho SECRETARY OF STATE
01/23/2013 05:00
CK: 1261707 CT: 172899 BH: 1356819
1 @ 100.00 = 100.00 ORGAN LLC # 2

W 121346