

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 APR 23 AM 8:36

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Intersection Marketing Solutions LLC

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

705 Vista Ave. #A, Lewiston ID 83501

(Street Address)

(Mailing Address, if different than street address)

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

Jacob Woodbrey

(Name)

705 Vista Ave #A Lewiston ID 83501

(Street Address)

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

Name

Address

Jacob Woodbrey705 Vista Ave #A Lewiston ID 83501

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

705 Vista Ave #A Lewiston ID 83501

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

Signature of a manager, member or authorized person.

Signature Jacob WoodbreyTyped Name: Jacob Woodbrey

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

04/23/2015 05:00

CK:3028 CT:309361 BH:1472251

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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