



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

No Excuses Consulting LLC

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

2131 N. Stonecrest Way Eagle, ID 83616  
(Street Address)

(Mailing Address, if different than street address)

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

Maureen A. O'Toole  
(Name)

2131 N. Stonecrest Way Eagle ID 83616  
(Street Address)

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

Maureen A. O'Toole  
Name

2131 N. Stonecrest Way Eagle ID 83616  
Address

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

2131 N. Stonecrest Way Eagle, ID 83616

6. Future effective date of filing (optional):

September 21, 2008

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Maureen A. O'Toole  
Typed Name: Maureen A. O'Toole

Signature \_\_\_\_\_  
Typed Name: \_\_\_\_\_

Secretary of State use only

9:00pm/10:00am LLC formation org. lic. PMD  
Revised 07/2008

IDAHO SECRETARY OF STATE  
09/04/2008 05:00  
CK: 8721 CT: 229413 BH: 1134378  
100.00 = 100.00 ORGAN LLC # 2

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