



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 SEP -6 PM 4:11

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Jackson & Thomas Consulting LLC.

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

3709 Kootenai St. Boise, ID 83705

(Street Address)

(Mailing Address, if different than street address)

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

Bryan Jackson

(Name)

3709 Kootenai St. Boise, ID 83705

(Street Address)

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

Name

Address

Bryan Jackson

3709 Kootenai St. Boise, ID 83705

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

3709 Kootenai St. Boise, ID 83705

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Bryan Jackson

Signature _____

Typed Name: _____

Secretary of State use only

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09/06/2011 05:00
CK: 777585 CT: 172899 DH: 1289332
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