



**CERTIFICATE OF ORGANIZATION FILED EFFECTIVE
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2014 MAY -9 PM 12: 24

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Lake Forensic Advisors, LLC

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

2830 Derby Place, Boise, ID 83709

(Street Address)

PO Box 190496, Boise, ID 83719

(Mailing Address, if different than street address)

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

Les Lake

(Name)

2830 Derby Place, Boise, ID 83709

(Street Address)

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

Name

Les Lake

Address

2830 Derby Place, Boise, ID 83709

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

PO Box 190496, Boise, ID 83719

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: _____ Member _____

Secretary of State use only

IDaho SECRETARY OF STATE

05/09/2014 05:00

CK:5487 CT:198223 BH:1424078
1@ 100.00 = 100.00 ORGAN LLC #2

Signature _____

Typed Name: _____