

CERTIFICATE OF ORGANIZATION

LIMIT	TED LIABILIT	TY COMPANY 2012 SEP 17 AM 9: 48
(1	Instructions on back	
1 The name of th	e limited liability con	mpany is: SEORETARY OF STATE STATE OF IDMAN
	•	eterprise I.T. Solutions LLC
The complete st		dresses of the initial designated office:
•	ty 101b Blackfoot Idaho	_
(Street Address)		
(Mailing Address, if di	fferent than street address)	
B. The name and o	complete street addr	ress of the registered agent:
Tyler Robinson (Name)		10 North University Blackfoot ID 83221
(Name)		(Street Address)
I. The name and a company:	address of at least o	one member or manager of the limited liability
	<u>Name</u>	Address
Jonathan Huse		632 S 6th Ave Pocatello ID 83201
Tyler Robinson		10 North University Blackfoot ID 83221
Bryan Kopp		1023 rockey point Pocatello ID 83204
. Mailing address	for future correspon	ndence (annual report notices):
632 s th ave Poca	itello ID 83201	
i. Future effective	date of filing (option	nal):
ignature of a ma erson.	nager, member or	authorized
)	Secretary of State use only
ignature	the	
yped Name: Jonath	nan Huse	
Name of the Control o	##	
Signature	Robinson	IDAHO SECRETARY OF STATE 09/17/2012 05-04
yped Name:	1001110011	CK: 64411 CT: 274337 BH: 13481

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