

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FEB -5 AM 8:37

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Charles A Phillips Sales and Consulting LLC

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

1606 N. Pine Street, Post Falls, ID, 83854

(Street Address)

(Mailing Address, if different than street address)

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

Charles A Phillips

(Name)

1606 N. Pine Street, Post Falls, ID, 83854

(Street Address)

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

Name**Address**

Charles A Phillips

1606 N. Pine Street, Post Falls, ID, 83854

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

1606 N. Pine Street, Post Falls, ID 83854

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Charles A Phillips

Signature

Typed Name:

Secretary of State use only

 IDAHO SECRETARY OF STATE
 02/05/2014 05:00
 CK: 97 CT: 292612 BH: 1409230
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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