



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2009 JAN 21 AM 11:58

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:
LOKKEN CONSULTING, LLC

2. The complete street and mailing addresses of the initial designated/principal office:
5802 Hill Road, Boise, Idaho 83703
(Street Address)

5802 Hill Road, Boise, Idaho 83703
(Mailing Address, if different than street address)

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

Robert C. Lokken
(Name)

5802 Hill Road, Boise, ID 83703
(Street Address)

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

Name	Address
Robert C. Lokken	5802 Hill Road, Boise, ID 83703

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

5802 Hill Road, Boise, ID 83703

6. Future effective date of filing (optional):

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

Signature Paul M. Boyd
Typed Name: Paul M. Boyd, Organizer

Signature _____
Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
01/21/2009 05:00
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FILED EFFECTIVE