



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2012 DEC 14 AM 8:38

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

i Solutions LLC

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

4281 N 5th E

(Street Address)

Idaho Falls ID 83401

(Mailing Address, if different than street address)

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

Gavin Foster

(Name)

4281 N 5th E Idaho Falls ID 83401

(Street Address)

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

Name

Address

Gavin Foster

4281 N 5th E Idaho Falls ID 83401

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

4281 N 5th E Idaho Falls ID 83401

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name:

Gavin Foster

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
12/14/2012 05:00
CK: 1051 CT: 277225 BH: 1351450
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