

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 10 HAY 17 AM 8: 43

(Instructions on back of application)

SECRETARY OF STATE

		Blue Sky Adviso	ors, LLC			
The complete	street and mailing	addresses of	the initial o	designated/principal office	<del></del>	
,	<del>-</del>	dge Court, Idaho		· · ·		
(Street Address)		<u> </u>	<u> </u>			
(Mailing Address	if different than street addres	e)			· ·	
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rne name an	d complete street a	daress of the I	registereu	agent.		
Ste	phine Dunn	6263 1	Partridge Co	urt, Idaho Falis, Idah0 83406		
(Name)		(Street Addre				
The name an	d address of at leas	t one member	r or manag	ger of the limited liability		
company:					L.	
,	Name		Address			
S1	tephine Dunn	6263	6263 Partridge Court, Idaho Falls, Idah0 83406			
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·					*	
Mailing addre	ss for future corresp	oondence (anı	nual repor	t notices):		
	6263 Partri	dge Court, Idaho	Falls, Idah0	83406		
Future effecti	ve date of filing (opt	ional):				
nature of orgai	nizer(s). (An organizer	is a member, or i	s			
ng in behalf of a r	member or members).	-		Secretary of State use only		
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ed Name:	Stephine Dun	n	Coart Co			
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nature		,,,	OT NATIO	CK: 19574 CT: 2293 B	H <sub>1</sub> 122	
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