

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

(Instructions on back of application)

12 APR 24 PM 3:43

SECRETARY OF STATE

| 1. The name of the limited liability company is:  STATE OF IDAHO                                    |  |
|---|--|
| Affinity Consulting   |  |
| The complete street and mailing     1161 W. River St. #240 Boise, ID 83     (Street Address)        | addresses of the initial designated office:        |
| (Mailing Address, if different than street addre  | ec)  |
| 3. The name and complete street   |  |
| o. The hame and complete success  | address of the registered agent.                   |
| Adam Grad   | 1161 W. River St. #240 Boise, ID 83702             |
| (Name)  | (Street Address)                                   |
| The name and address of at leacompany:  | st one member or manager of the limited liability  |
| <u>Name</u>   | <u>Address</u>                                     |
| Adam Grad   | 3207 Hansen Ave Boise ID 83703                     |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| <ol> <li>Mailing address for future correst</li> <li>1161 W. River St. #240 Boise, ID 83</li> </ol> |  |
| 1101 W. Alvei St. #240 Doise, ID 63   | 702  |
| 6. Future effective date of filing (or  | otional):  |
|   |  |
| Signature of a manager, membe   | r or authorized                                    |
| person.   | Secretary of State use only                        |
| Signature   |  |
| Typed Name: Adam Grad   |  |
| <b>A</b> : (  |  |
| Signature   | IDAHO SECRETARY OF STATE                           |
| Typed Name:   | O4/24/2012 05:00<br>CK: 1405 CT: 69548 BH: 1321247 |

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