

Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

10 MAR -9 AM 8: 20

1.	The name of the limited liability company is:		STATE OF IDAHO
	Hig	jh Impact IT, LLC	on the or sort to
2.	The complete street and mailing addresses of the initial designated/principal office:		
	1003 West Targee Street, Boise, ID 83706		
	(Street Address)		
	(Malling Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	•	_	The state of the s
	Vince R. Ivanoff	· · · · · · · · · · · · · · · · · · ·	gee Street, Boise, ID 83706
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	Name		Address
	Vince R. Ivanoff	1003 West Targee Street, Boise, ID 83706	
			24 (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
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5.	Mailing address for future corresponde	ence (annual repor gee Street, Boise, ID 8	
6. Future effective date of filing (optional):			
Sig	nature of organizer(s). (An organizer is a m	nember, or is	
_	ng in behalf of a member or members).		Secretary of State use only
O:		- GWA	
Sig	nature <u> </u>		W01330
ıyp	ped Name: Vince R. Ivanoff		IDAHO SECRETARY OF STATE
ر. دنس	natura	SILIC formstcert_org_lic.PMD	CK1 817 CT1 71639 Mr. 1211693
Sig	nature		