CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2013 NOV -4 PM 12: 35

	(Instructions on back of application)		SECRETARY OF STATE STATE OF IDAHO	
1. The name	e name of the limited liability company is:		STATE OF IDAHO"	
	Consulting LLC.	•		
	nker Dr. Boise, ID 83714	addresses of the initial d	esignated office:	
(Mailing Addre	ss, if different than street addre	ss)		
		address of the registered a	agent:	
Joseph Bur	ket	5068 W. Banker Dr. Boi	5068 W. Banker Dr. Boise, ID 83714	
(Name)		(Street Address)	(Street Address)	
4. The name company:	and address of at lea	st one member or manag	er of the limited liability	
	<u>Name</u>	Address .		
Joseph Bur	ket	5068 W. Banker Dr. Boi	se, ID 83714	
Dawna Burl	cet	5068 W. Banker Dr. Boise, ID 83714		
				
	Iress for future corres	spondence (annual report	notices):	
6. Future effe	ctive date of filing (op	tional):		
	manager, member	or authorized		
person.	_		Secretary of State use only	
Signature	d Bulet			
Typed Name:	LBuket Joseph Burket			
Signature			IDAHO SECRETARY OF STATE 11/04/2013 05:00	
Typed Name:			CK: 1601534 CT: 172099 BH: 1396	

W130819