



CERTIFICATE OF ORGANIZATION **FILED EFFECTIVE**
LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the limited liability company is:

Business Coach (The) LLC

SECRETARY OF STATE
STATE OF IDAHO

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

644 N Higbee Ave

(Street Address)

Idaho Falls, ID 83401

(Mailing Address, if different than street address)

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

Dustin Harris

(Name)

644 N Higbee Ave., Idaho Falls, ID 83401

(Street Address)

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

Name

Dustin Harris

Address

644 N Higbee Ave., Idaho Falls, ID 83401

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

644 N Higbee Ave., Idaho Falls, ID 83401

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: Dustin Harris

Secretary of State use only

Signature

Typed Name: _____

IDaho SECRETARY OF STATE
09/30/2011 05:00
 CK: 1916 CT: 262916 BH: 1292547
 1 @ 100.00 = 100.00 ORGAN LLC # 2