

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 OCT -5 AM 11:24

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Roberts and Associates LLC

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

1509 Caldwell Blvd #1239 Nampa Id. 83651

(Street Address)

(Mailing Address, if different than street address)

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

Timothy C. Roberts

(Name)

1509 Caldwell Blvd #1239 Nampa Id. 83651

(Street Address)

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

Name

Address

Tim Roberts1509 Caldwell Blvd #1239
Nampa Id. 83651

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

Same as #4

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature T. RobertsTyped Name: Tim Roberts

Signature _____

Typed Name: _____

Secretary of State use only

g:\corpforms\LLC form\cert_org_id.PMD
Revised 07/2008IDAHO SECRETARY OF STATE
10/05/2009 05:00
CK: 3463 CT: 175062 BH: 1109701
1 @ 100.00 = 100.00 ORGAN LLC # 2

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