

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 JAN 11 PH 12: 36

**FILED EFFECTIVE** 

(Instructions on back of application)

-	CTATE		
	OHALL	UI	IDAHO

1. The name of the limited liab	ility company is:			
G	overnment Contract Consulting LLC			
2. The complete street and mai	ling addresses of the initial designated/principal office:			
(Street Address) Kuna, Id 83623				
	(Mailing Address, if different than street address)			
3. The name and complete stre	The name and complete street address of the registered agent:			
Sundi R. Smith	1750 N. Tiny Hawk, Kuna ld 83634			
(Name)	(Street Address)			
The name and address of at company:	The name and address of at least one member or manager of the limited liability company:			
<u>Name</u>	<u>Address</u>			
Sundi R. Smith	1750 N. Tiny Hawk, Kuna Id 83634			
5. Mailing address for future cor	respondence (annual report notices):			
1750 N. Tiny Hawk, Kuna ld 836	34			
6. Future effective date of filing	(optional):			
Signature of a manager, meml person.	ber or authorized			
Signature Sundi R S	Secretary of State use only			
Typed Name: Sundi R. Smith				
Signature	IDAHO SECRETARY OF STATE			
Typed Name:	01/11/2011 05:00 CK: 279 CT: 254268 BH: 1254988			

cert\_org\_lic Rev. 07/2010

1 8 100.08 = 100.00 ORGAN LLC # 2 1 8 20.00 = 20.00 EXPEDITE C # 3

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