



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 AUG 27 PM 2:06

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Allison & Associates, LLC

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

6663 N. Glenwood St., Boise, ID 83714

(Street Address)

(Mailing Address, if different than street address)

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

Steve Allison

(Name)

2079 Crystal Way, Boise, ID 83706

(Street Address)

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

Name

Steve Allison

Address

2079 Crystal Way, Boise, ID 83706

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

6663 N. Glenwood St., Boise, ID 83706

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 Steve Allison

Typed Name: Steve Allison

Signature _____

Typed Name: _____

Secretary of State use only

8:00pm/normal/LLC form/secret_09_16.PMD
Revised: 07/2008

IDAHO SECRETARY OF STATE
08/27/2009 05:00
CK: 89 CT: 240066 BH: 1104748
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