



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 DEC 15 PM 3:48

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Parrish Consulting, LLC

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

4954 N. Wild Goose Way, Meridian, Idaho 83646

(Street Address)

(Mailing Address, if different than street address)

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

Tim Parrish

(Name)

4954 N. Wild Goose Way, Meridian, Idaho 83646

(Street Address)

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

Name

Address

Tim Parrish

4954 N. Wild Goose Way, Meridian, Idaho 83646

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

4954 N. Wild Goose Way 83646

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Tim Parrish

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

12/15/2014 05:00

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