

CERTIFICATE OF ORGANIZATIONFILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 APR -5 AM 9: 19

X	(instructions on ba	ck or application)	
1.	The name of the limited liability of	ompany is:	SECRETARY OF STATE STATE OF IDAHO
	LP Consulting Group, LLC		STATE OF IDAHO
2.	The complete street and mailing a 9300 N. Snaffle Bit Lane	addresses of the initia	al designated office:
	(Street Address) Kuna, ID 83634 (Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Larry M. Peterson	M. Peterson 9300 N. Snaffle Bit Lar	
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>	<u>Address</u>	
	Larry M. Peterson	9300 N. Snaffle Bit Lane, Kuna, ID 83634	
5.	Mailing address for future correspondence of the Mailing address for future correspond	· · · · · · · · · · · · · · · · · · ·	ort notices):
ß	Future effective date of filing (option		
0.	i didire ellective date of filling (option	onai)	
_	nature of a manager, member of son.	or authorized	
		/	Secretary of State use only
_	ed Name: Larry M. Peterson	er	
c:	anti vo		IDAHO SECRETARY OF STATE
_	nature ed Name·		04/05/2013 05:00 CK: 3337 CT: 104641 BH: 1368133
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