

251

FILED EFFECTIVE

**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2013 APR -9 PM 12: 56

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ExecuPro Consulting Services, LLC

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

9889 W Gallop Lane, Post Falls, Idaho, 83854

(Street Address)

(Mailing Address, if different than street address)

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

Nancy E. Nick

(Name)

9889 W Gallop Lane, Post Falls, Idaho, 83854

(Street Address)

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

Name

Nancy E. Nick

Address

9889 W Gallop Lane, Post Falls, Idaho, 83854

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

9889 W Gallop Lane, Post Falls, Idaho 83854

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Nancy E. Nick

Secretary of State use only

Signature _____

Typed Name: _____

IDaho SECRETARY OF STATE
04/09/2013 05:00
CK: 1355876 CT: 172899 BH: 1368625
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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