



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 JUL 30 AM 9:01
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Fuzion-IT LLC

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

1717 E. Lakeside Ave. Coeur d' Alene ID 83814

(Street Address)

(Mailing Address, if different than street address)

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

Michael Browne

(Name)

1717 E. Lakeside Ave. Coeur d' Alene, ID 83814

(Street Address)

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

Name

Address

Michael Browne

1717 E. Lakeside Ave. Coeur d' Alene, ID 83814

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

1717 E. Lakeside Ave. Coeur d' Alene, ID 83814

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

Signature of a manager, member or authorized person.

Signature Michael Browne

Typed Name: Michael Browne

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
07/30/2012 05:00
CK: 1775 CT: 272833 BH: 1333987
1 @ 100.00 = 100.00 ORGAN LLC # 2

W116029