



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 FEB 17 AM 8:20

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Matthew Grippi Consulting, LLC

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

572 Ranch Dr. Eagle, ID 83616

(Street Address)

PO Box 1425 Eagle, ID 83616

(Mailing Address, if different than street address)

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

Matthew Grippi

(Name)

572 Ranch Dr. Eagle, ID 83616

(Street Address)

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

Name

Address

Matthew Grippi

572 Ranch Dr. Eagle, ID 83616

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

PO Box 1425 Eagle, ID 83616

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Matthew Grippi

Signature

Typed Name: _____

Secretary of State use only

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02/17/2011 05:00
CK: NO CK # CT: 253686 BH: 1268490
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