



# CERTIFICATE OF ORGANIZATION ~~FILED~~ EFFECTIVE LIMITED LIABILITY COMPANY

2013 APR -5 AM 9:20

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

MCCRINK CONSULTING, LLC

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

660 E. Sand Wedge Drive, Post Falls, ID 83854

(Street Address)

same as above

(Mailing Address, if different than street address)

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

Sarah Christensen

(Name)

20738 S. Watson Rd., Coeur d'Alene, ID 83814

(Street Address)

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

NameAddress

Kevin McCrink

660 E. Sand Wedge Dr., Post Falls, ID 83854

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

660 E. Sand Wedge Drive, Post Falls, ID 83854

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

*Kevin McCrink*

Typed Name:

Kevin McCrink

Signature

Typed Name:

Secretary of State use only

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04/05/2013 05:00  
CK: 2642 CT: 201551 BH: 1360121  
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