



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2018 AUG -6 AM 9:22

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Your Reliable Virtual Assistants, LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

1533 W Scoop St. Kuna, ID 83634

(Street Address)

(Mailing Address, if different)

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

Sheryl Bustamante

1533 W Scoop St. Kuna, ID 83634

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

Sheryl Bustamante

1533 W Scoop St. Kuna, ID 83634

(Name)

(Address)

Megan Mecham

2520 N Clydesdale Ave. Meridian, ID 83646

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

1533 W Scoop St. Kuna, ID 83634

(Address)

Signature of organizer(s).

Printed Name: Sheryl Bustamante

Signature: Sheryl Bustamante

Printed Name: Megan Mecham

Signature: Megan Mecham

Secretary of State use only

IDAHO SECRETARY OF STATE

08/07/2018 05:00

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