



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED

10 OCT -6 AM 8:26

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Kathy Drury-Bogle Consulting L.L.C.

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

4222 S. Pinerest Way
(Street Address)

Boise Idaho 83716
(Mailing Address, if different than street address)

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

Kathy Drury-Bogle 4222 S. Pinerest Way
(Name) (Street Address) Boise Idaho 83716

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

Name	Address
<u>Kathy Drury-Bogle</u>	<u>4222 S. Pinerest Way</u>
	<u>Boise, Idaho 83716</u>
_____	_____
_____	_____
_____	_____

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

4222 S. Pinerest Way Boise, Id 83716

6. Future effective date of filing (optional): 10/15/10

Signature of a manager, member or authorized person.

Signature Kathy Drury-Bogle
Typed Name: Kathy Drury-Bogle

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/06/2010 05:00
CK: 22040 CT: 251820 BH: 1242000
1 @ 100.00 = 100.00 ORGAN LLC # 2

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