



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

2015 JAN -7 AM 8:59

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

River City Tax Solutions, LLC

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

378 Alturas Drive North

(Street Address)

Twin Falls, Idaho 83301

(Mailing Address, if different than street address)

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

Cathleen Marie Alves

(Name)

378 Alturas Drive North Twin Falls, Idaho 83301

(Street Address)

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

Name

Address

Cathleen Marie Alves

378 Alturas Drive North Twin Falls, Idaho 83301

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

378 Alturas Drive North Twin Falls, Idaho 83301

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

Signature of a manager, member or authorized person.

Signature Cathleen Marie Alves

Typed Name: Cathleen Marie Alves

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

01/07/2015 05:00

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