

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

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

2014 APR 24 AM 9: 14

4	(Instructions on back of application)
1.	The name of the limited liability company is:  SECRETARY OF STATE  STATE OF IDAHO
	Time to Talk LLC STATE OF IDAHU
2.	The complete street and mailing addresses of the initial designated office:
	(Street Address) Nampa, ID 83686
	(Mailing Address, if different than street address)
3.	The name and complete street address of the registered agent:
	Ginny M. Smith 647 Teton Dr., Nampa, ID 83686 (Street Address)
4.	The name and address of at least one member or manager of the limited liability company:
	Name Address
	Glany M. Smith 647 Teton Dr. Nampa, ID 83686
5.	Mailing address for future correspondence (annual report notices):
	647 Teton Dr. Nampa, ID 83686
6.	Future effective date of filing (optional):
_	nature of a manager, member or authorized son.
POI	Secretary of State use only
•	nature Marith 1024/2014 05:00
Тур	CK: 1968 CT: 296070 BH: 1421776
Sig	16 180.00 = 100.00 ORGAN LLC #

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