



CERTIFICATE OF ORGANIZATION **FILED EFFECTIVE** LIMITED LIABILITY COMPANY

2013 NOV 21 AM 9:03

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Nilsson Advisory Group, LLC

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

2794 Highway 95

(Street Address)

Genesee ID 83832

(Mailing Address, if different than street address)

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

Caroline Troy

(Name)

2794 Highway 95, Genesee ID 83832

(Street Address)

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

Name**Address**

Caroline Troy

2794 Highway 95, Genesee ID 83832

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

2794 Highway 95, Genesee ID 83832

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Caroline TroyTyped Name: Caroline Troy

Signature _____

Typed Name: _____

Secretary of State use only

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11/21/2013 05:00
CK: 3353 CT: 1116 BH: 1398963
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