



0004278600

**STATE OF IDAHO**

Office of the secretary of state, Lawrence Denney

**CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

Idaho Secretary of State

PO Box 83720

Boise, ID 83720-0080

(208) 334-2301

Filing Fee: \$100.00

For Office Use Only

**-FILED-**

File #: 0004278600

Date Filed: 5/10/2021 9:27:27 AM

| Certificate of Organization Limited Liability Company   |  |      |         |              |                                       |
|---|--|------|---------|--------------|---------------------------------------|
| Select one: Standard, Expedited or Same Day Service (see descriptions below)  | Standard (filing fee \$100)  |      |         |              |                                       |
| 1. Limited Liability Company Name   |  |      |         |              |                                       |
| Type of Limited Liability Company   | Limited Liability Company  |      |         |              |                                       |
| Entity name   | KRUSE.CLOUD, LLC   |      |         |              |                                       |
| 2. The complete street address of the principal office is:  |  |      |         |              |                                       |
| Principal Office Address  | 4469 ELMIRA RD<br>SANDPOINT, ID 83864  |      |         |              |                                       |
| 3. The mailing address of the principal office is:  |  |      |         |              |                                       |
| Mailing Address   | 4469 ELMIRA RD<br>SANDPOINT, ID 83864-5953   |      |         |              |                                       |
| 4. Registered Agent Name and Address  |  |      |         |              |                                       |
| Registered Agent  | Registered Agent<br>Justin Kruse<br>Physical Address:<br>4469 ELMIRA RD<br>SANDPOINT, ID 83864<br>Mailing Address:<br>4469 ELMIRA RD<br>SANDPOINT, ID 83864-5953 |      |         |              |                                       |
| <input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.                                |  |      |         |              |                                       |
| 5. Governors  |  |      |         |              |                                       |
| <table border="1"><thead><tr><th>Name</th><th>Address</th></tr></thead><tbody><tr><td>Justin Kruse</td><td>4469 ELMIRA RD<br/>SANDPOINT, ID 83864</td></tr></tbody></table> |  | Name | Address | Justin Kruse | 4469 ELMIRA RD<br>SANDPOINT, ID 83864 |
| Name  | Address  |      |         |              |                                       |
| Justin Kruse  | 4469 ELMIRA RD<br>SANDPOINT, ID 83864  |      |         |              |                                       |
| Signature of Organizer:   |  |      |         |              |                                       |
| <u>Justin Kruse</u>   | <u>05/10/2021</u>  |      |         |              |                                       |
| Sign Here   | Date   |      |         |              |                                       |

B0607-9608 05/10/2021 9:29 AM Received by ID Secretary of State Lawrence Denney