



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2018 MAR -7 AM 9: 15

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ASHLIMAN CONSULTING LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

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

3027 ROYAL VISTA CT, HOMEDALE, ID 83628

(Street Address)

3027 ROYAL VISTA CT, HOMEDALE, ID 83628

(Mailing Address, if different)

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

BRIAN ASHLIMAN

3027 ROYAL VISTA CT, HOMEDALE, ID 83628

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

BRIAN ASHLIMAN

3027 ROYAL VISTA CT, HOMEDALE, ID 83628

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

3027 ROYAL VISTA CT, HOMEDALE, ID 83628

(Address)

Signature of organizer(s).

Printed Name: **BRIAN ASHLIMAN**

Signature:

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

03/07/2018 05:00

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