

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

W91715

(Instructions on back of application)

10 MAR 19 PM 12: 11

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1.	The name of the limited liability com	pany is:	STATE OF IDA	STATE	
	Steffani C	hapman Consulting, LLC	יים ויים בייים	VAU .	
2.	he complete street and mailing addresses of the initial designated/principal office:				
	•	809 N. 7th Street			
	(Street Address)	Boise, ID 83702			
	(Malling Address, if different than street address)	30156, ID 03702		•	
3.	The name and complete street address of the registered agent:				
	Steffani Chapman	809 N. 7th Street B	loise, ID 83702		
	(Name)	(Street Address)			
		•			
4.	The name and address of at least on company:	e member or manager of t	the limited liabili	ity	
	Name	<u>Addre</u>			
	Steffani Chapman	809 N. 7th Street B	loise, ID 83702		
		e e			
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5.	Mailing address for future correspond	longo (annual roport notice	ac):		
J.		n Street Boise, ID 83702			
				· · · · · · · · · · · · · · · · · · ·	
6.	Future effective date of filing (optional	l):			
	nature of organizer(s). (An organizer is a n	nember, or is			
actir	ng in behalf of a member or members).	Sec	retary of State use only	<u> </u>	
Sim	nature Supplied	G.P.M.	.,		
	ed Name: Steffani Chapman				
· 7 P		makcent 1	IDAHO SECRETARY	OF STATE	
Sigi	nature	ALC forms/cert_org_Ec.PMD	(: 1884 CT: 246166 8 188.88 = 188.88	BH: 1213713 ORBAN LLC # 2	

Typed Name: