



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 NOV -3 AM 9:58

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

FARNER CONSULTING LLC

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

1815 INCLINE WAY, MERIDIAN ID 83646-1020

(Street Address)

(Mailing Address, if different than street address)

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

WILLIAM A. FARNER

(Name)

1815 INCLINE WAY, MERIDIAN ID 83646-1020

(Street Address)

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

Name

Address

WILLIAM A. FARNER

1815 INCLINE WAY, MERIDIAN ID 83646-1020

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

1815 INCLINE WAY, MERIDIAN ID 83646-1020

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature X William A. Farner

Typed Name: WILLIAM A FARNER

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

11/03/2014 05:00

CK:16663 CT:262226 BH:1447863

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