



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

**2015 MAY 12 PM 3:05**

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Maximum Bookkeeping Solutions, LLC

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

6048 Kuna Rd., Kuna, ID 83634

(Street Address)

(Mailing Address, if different than street address)

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

Patti Jones

(Name)

6048 Kuna Rd., Kuna, ID 83634

(Street Address)

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

Name

Address

Patti Jones

6048 Kuna Rd., Kuna, ID 83634

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

6048 Kuna Rd., Kuna, ID 83634

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Patti Jean Jones

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

05/12/2015 05:00

CK:5223 CT:310167 BH:1475241

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