

251

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 JUL 24 AM 10:40

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Foster Business Solutions LLC

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

3103 1st St. Idaho Falls, ID 83401

(Street Address)

(Mailing Address, if different than street address)

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

Travis C. Foster

(Name)

3103 1st St. Idaho Falls, ID 83401

(Street Address)

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

Name**Address**

Travis C. Foster

3103 1st St. Idaho Falls, ID 83401

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

3103 1st St. Idaho Falls, ID 83401

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Travis C. Foster

Signature

Typed Name:

Secretary of State use only

 IDAHO SECRETARY OF STATE
 07/24/2013 05:00
 CK: 1488457 CT: 172899 BH: 1383324
 1 @ 100.00 = 100.00 ORGAN LLC # 2
 1 @ 20.00 = 20.00 EXPEDITE C # 3

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