

## DOCKETED

<b>Docket Number:</b>	16-HERS-01
<b>Project Title:</b>	HERS Providers' Application for the 2016 Standards
<b>TN #:</b>	214056
<b>Document Title:</b>	28 Conserva Group Original Articles of Organization 9 8 2015
<b>Description:</b>	Confidential designation is not granted for this Number 28. Application is under TN 212941.
<b>Filer:</b>	Alexander Trochez
<b>Organization:</b>	Conserva Alliance
<b>Submitter Role:</b>	Applicant
<b>Submission Date:</b>	8/25/2016 9:25:30 AM
<b>Docketed Date:</b>	8/25/2016



**Wyoming Secretary of State**

State Capitol Building, Room 110  
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**Ed Murray, WY Secretary of State**

**FILED: 09/08/2015 04:28 PM**

**ID: 2015-000694331**

**Limited Liability Company  
Articles of Organization**

1. Name of the limited liability company:

CONSERVA GROUP, LLC

2. This entity elects to be a close limited liability company:

3. Name and physical address of its registered agent:

*(The registered agent may be an individual resident in Wyoming, a domestic or foreign entity authorized to transact business in Wyoming, having a business office identical with such registered office. The registered agent must have a physical address in Wyoming. A Post Office Box or Drop Box is not acceptable. If the registered office includes a suite number, it must be included in the registered office address.)*

Name:

InCorp Services, Inc.

Address:

1621 Central Ave. Cheyenne, WY 82001

*(If mail is received at a Post Office Box, please include in the above address.)*

4. Mailing address of the limited liability company:

1001 Avenida Pico Suite C246 San Clemente, CA 92673

5. Principal office address:

1001 Avenida Pico Suite C246 San Clemente, CA 92673



Signature:

*(Shall be executed by an organizer.)*

Date:

08/20/2015

*(mm/dd/yyyy)*

Print Name:

Eliana Garcia

Contact Person:

Processing Department

Daytime Phone Number:

(800) 638-2320

Email:

processingdepartment@nchinc.com

*(Email provided will receive annual report reminders and filing evidence)  
\*May list multiple email addresses*



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**Consent to Appointment by Registered Agent**

I,  , registered office located at  
*(name of registered agent)*

voluntarily consent to serve

\* *(registered office physical address, city, state & zip)*

as the registered agent for   
*(name of business entity)*

I hereby certify that I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

Signature:  Date:   
*(Shall be executed by the registered agent.)* *(mm/dd/yyyy)*

Print Name:  Daytime Phone:

Title:  Email:

Registered Agent Mailing Address  
(if different than above):

**\*If this is a new address, complete the following:**

Previous Registered Office(s):

I hereby certify that:

- After the changes are made, the street address of my registered office and business office will be identical.
- This change affects every entity served by me and I have notified each entity of the registered office change.
- I certify that the above information is correct and I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

Signature: \_\_\_\_\_ Date:   
*(Shall be executed by the registered agent.)* *(mm/dd/yyyy)*

**Checklist**  
 Submit one **originally signed** consent to appointment and one exact photocopy.

