



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 DEC 30 AM 9:01

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

MARSHALL SECURITY SERVICE LLC

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

594 CASCADE LANE NAPLES ID 83847

(Street Address)

PO BOX 376 NAPLES ID 83847

(Mailing Address, if different than street address)

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

GARY R RHOADS

(Name)

6476 S MAIN ST STE B BONNERS FERRY ID 83805

(Street Address)

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

Name

Address

ROY A BURTON

594 CASCADE LN NAPLES ID 83847

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

6476 S MAIN ST STE B BONNERS FERRY ID 83805

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

Signature of a manager, member or authorized person.

Signature

Typed Name: ROY A BURTON

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

12/24/2014 05:00

CK:1668 CT:304468 BH:1454346

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