

251



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2011 MAR 23 PM 1:00

STATE OF IDAHO

1. The name of the limited liability company is:

Simpson Specialty Services LLC

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

157 Twin Circle Twin Falls, ID 83301
(Street Address)

(Mailing Address, if different than street address)

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

Adam Justin Simpson
(Name)

157 Twin Circle Twin Falls, ID 83301
(Street Address)

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

Name

Address

Adam Justin Simpson

157 Twin Circle Twin Falls, ID 83301

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

157 Twin Circle Twin Falls, ID 83301

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Adam Justin Simpson

Typed Name:

Adam Justin Simpson

Signature

Typed Name:

Secretary of State use only

cert_org_1a Rev. 07/2010

IDAHO SECRETARY OF STATE

03/23/2011 05:00

CN: 635535 CT: 172099 DN: 1265672

1 @ 100.00 = 100.00 ORGAN LLC # 2

1 @ 20.00 = 20.00 EXPEDITE C # 3

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