

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2015 MAR 13 AM 8: 42

(Instructions on back of application).

(1100001010	buok of application	STATE OF IDAHO	
1. The name of the limited liabili	ty company is:	STATE OF IDATIO	
PLM Technical Services, LLC.			
2. The complete street and maili 606 South Osprey Drive (Street Address) Post Falls, Idaho 83854 (Mailing Address, if different than street ad		e initial designated office:	
The name and complete street		gistered agent:	
Jacqueline Bartosh	4010 North H	4010 North Huntercrest Drive, Coeur d' Alene, ID 83815	
(Name)	(Street Address	(Street Address)	
The name and address of at locompany:	east one member o	r manager of the limited liability	
<u>Name</u>		<u>Address</u>	
Paul L. Martin	606 South Os	sprey Drive, Post Falls, ID 83854	
 Mailing address for future corr 606 S. Osprey Dr. Post Falls, ID 8 	•	al report notices):	
6. Future effective date of filing (optional):		
Signature of a manager, memb	er or authorized		
W/2		Secretary of State use only	
Signature VV Typed Name: Paul L. Martin		IDANO SECRETARY OF STATE	
ryped Name: 1 44 C. Martin		03/13/2015 05:00 CK:2826 CT:151188 BH:14659	
Signature	İ	1@ 100.00 = 100.00 ORGAN LL	
Signature	<u> </u>	10 20.00 = 20.00 EXPEDITE (

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