

CERTIFICATE OF ORGANIZATION

		FILER
CERTIFICATE O	F ORGANIZATION	. %> -1/12
(Instructions on	back of application)	1/2 2 3. 20
The name of the limited liability Lamb Virtual Services LLC	y company is:	ON AGIE
The complete street and mailin 4207 N Honeysuckle Dr. Coeur d A (Street Address)	lene, ID. 83815	designated office:
(Mailing Address, if different than street address.) The name and complete street	·	d agent:
Chad R. Lamb (Name)	4207 N Honeysuckle Dr. Coeur d Alene, ID. 83815 (Street Address)	
 The name and address of at lead company: <u>Name</u> Chad R. Lamb 		ger of the limited liability Address Dr. Coeur d Alene, ID. 83815
Mistie L. E. Lamb	4207 N Honeysuckie Dr. Coeur d Alene, ID. 83815	
5. Mailing address for future corre 4207 N Honeysuckle Dr. Coeur d A	•	rt notices):
6. Future effective date of filing (o	ptional):	
Signature of a manager, membe erson.	er or authorized	
Signature <u>Chad R. Lamb</u>		Secretary of State use only IDAHO SECRETARY OF STATE 10/06/2014 05:00 CK: 4473 CT: 231627 BH: 1444017

16 100.00 = 100.00 ORGAN LLC #2 1@ 20.00 = 20.00 EXPEDITE C #3

W142907

Signature 77