FILED EFFECTIVE

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY	
	N9 MIG - 6 AM 8: 39
(Instructions on bac	
1. The name of the limited liability co	ompany is: SECRETARY OF STATE STATE OF IDAHO
	MMB Services, LLC
	ddresses of the initial designated/principal office:
(Street Address)	tiver Drive, Idaho Falls, ID 83401
(Malling Address, If different than street address)	
3. The name and complete street add	
Michael J. Whyte	2635 Channing Way, Idaho Falls, ID 83404
(Name)	(Street Address)
4. The name and address of at least company:	one member or manager of the limited liability
Name	Address
Jeff Branson	1656 Fall River Drive, Idaho Falls, ID 83401
Shawn Branson	2499 Blue Canyon Circle, Idaho Falls, ID 83402
.	
5. Mailing address for future correspo	ondence (annual report notices): ning Way, Idaho Falis, ID 83404
6. Future effective date of filing (optio	onal):
Signature of organizer(s). (An organizer is	a member, or is
acting in behalf of a member or members).	Secretary of State use only
Signature	
Typed Name: Shawn Branson	
	IDAHO SECRETARY OF STATE IDAHO SECR
Signature	
Typed Name:	1 0 100.00 = 100.00 ORGAN LLC N 2
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