



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 AUG -8 PM 4:08
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Coordinated Services of Idaho, LLC

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

301 South Wide River Road, Post Falls, ID 83854

(Street Address)

(Mailing Address, if different than street address)

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

Alessandra B. Billingslea

(Name)

301 S. Wide River Road, Post Falls, ID 83854

(Street Address)

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

Name

Address

Alessandra B. Billingslea

301 S. Wide River Road, Post Falls, ID 83854

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

301 S. Wide River Road, Post Falls, ID 83854

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name:

Mark A. Jackson, Atty

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
08/08/2012 05:00
CK: 1092153 CT: 172099 BH: 1335219
1 @ 100.00 = 100.00 ORGAN LLC # 2

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