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ARTICLES OF OF LIMITED LIABILIT (Instructions on back	RGANIZATION TY COMPANYAR -6 AM 10: 34 of application SECRETARY OF STATE STATE OF IDAHO
The name of the limited liability con Integrated Support Services, LLC	mpany is:
2. The street address of the initial regineration <u>5609 E. Lancaster Rd.</u>	istered office is:
and the name of the initial registere Dave Deeds	ed agent at the above address is:
3. The mailing address for future correct 5609 E. Lancaster Rd. Havden	espondence is: Lake ID 83835
4. The limited liability company will be	2
Manager-managed 🔽 or Membe	er-managed (please check the appropriate box)
Manager-managed 🗹 or Member 5. If manager-managed, list the name If member-managed, list the name(<u>Name</u>	er-managed (please check the appropriate box) e(s) and address(es) of at least one initial manager. (s) and address(es) of at least one initial member. <u>Address</u>
 If manager-managed, list the name If member-managed, list the name(e(s) and address(es) of at least one initial manager. (s) and address(es) of at least one initial member.
 If manager-managed, list the name If member-managed, list the name(<u>Name</u> 	e(s) and address(es) of at least one initial manager. (s) and address(es) of at least one initial member. <u>Address</u>
 If manager-managed, list the name If member-managed, list the name(<u>Name</u> <u>Alex Deeds</u> 	e(s) and address(es) of at least one initial manager. (s) and address(es) of at least one initial member. <u>Address</u> 9962 N. Maple, Hayden, ID 83835