



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

2014 OCT 29 PM 3:30

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Capital Mobile Service LLC

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

9382 Maple Hill Boise, ID 83709

(Street Address)

(Mailing Address, if different than street address)

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

Mike Horejs

(Name)

9382 Maple Hill Dr

(Street Address)

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

**Name**

**Address**

Mike Horejs

9382 Maple Hill, Boise, ID 83709

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

Same as 4

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Mike Horejs

Signature

Typed Name:

Secretary of State use only  
IDAHO SECRETARY OF STATE

10/29/2014 05:00

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