



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 AUG 20 AM 9:59

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

mnm services llc

2. The complete street address, and mailing address if different, of the initial designated/
principal office:

4078 Journee Cir., Ammon, Idaho 83406

3. The name of the commercial registered agent; or the name and complete street
address of the non-commercial registered agent:

Michael Von Anderson, 4078 Journee Cir., Ammon, Idaho 83406 (County of Bonneville)

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

Name	Address
Michael Von Anderson	4078 Journee Cir., Ammon, Idaho 83406

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

c/o: 4078 Journee Cir., Ammon, Idaho 83406

6. Future effective date of filing (optional):

Signature of an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Signature [Handwritten Signature]

Typed Name: Karmelia Fredrick, Legalzoom.com, Inc.

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2006

IDAHO SECRETARY OF STATE
08/20/2009 05:00
CK: 367736 CT: 167623 BH: 1183741
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FILED EFFECTIVE