

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

| 12 | FEB | -3 | | 9: | 08 |
|----|-----|----|--|----|----|
|----|-----|----|--|----|----|

| The name of the limited liability company is: ITSmith LLC The complete street and mailing addresses of the initial designated office. | Y OF STATE FILEFO | | | |
|---|--------------------------------------|--|--|--|
| ************************************** | | | | |
| 7. The complete about and mailing addresses of the initial decimated affici | | | | |
| The complete street and mailing addresses of the initial designated office: 704 Lupine Cir. Rexburg, Idaho 83440 | | | | |
| (Street Address) | | | | |
| (Mailing Address, if different than street address) | | | | |
| The name and complete street address of the registered agent: | | | | |
| Clint Smith 704 Lupine Cir. Rexburg, idaho 83440 | | | | |
| (Name) (Street Address) | | | | |
| 4. The name and address of at least one member or manager of the limited company: | d liability | | | |
| Name Address | | | | |
| Clint Smith 704 Lupine Clr. Rexburg, Idaho 83440 | 704 Lupine Cir. Rexburg, Idaho 83440 | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 5. Mailing address for future correspondence (annual report notices): | | | | |
| 704 Lupine Cir. Rexburg Idaho 83440 | | | | |
| | | | | |
| S. Future effective date of filing (optional): | | | | |
| Signature of a manager, member or authorized | | | | |
| person. Secretary of State | | | | |
| signature In Survey of State | s use only | | | |
| Typed Name: Clint Smith | | | | |
| Jean | | | | |
| | | | | |
| Signature | | | | |
| signature | | | | |

cert_org_lic Rev. 07/2010