

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 2013 OCT -9 AM 8:

(Instructions on back of application)

<u> </u>	(Instructions on ba	ack of application)		SECRETARY OF
1. The nar	ne of the limited liability of	company is:		STATE OF IDA
Gl	obal Payroll Servi	ces, LLC		
	nplete street and mailing and Rex Ct Nampa, ID 83687	addresses of the init	ial designated offic	ce:
(Street Ad	ldress)			
(Mailing A	ddress, if different than street address	s)		
3. The nar	ne and complete street a	ddress of the registe	red agent:	
Krista C	'Dell	17580 N Rex Ct	Nampa, ID 83687	
(Name)		(Street Address)		
4. The nar compan	ne and address of at leas y: Name	t one member or ma	anager of the limite	d liability
Krista O		17580 N Rex Ct	Nampa, ID 83687	
Shawn	O'Del i	17580 N Rex Ct	Nampa, ID 83687	
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	W-08-240 M-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
5. Mailing	address for future corresp	oondence (annual re	port notices):	
17580 N	N Rex Ct Nampa, ID 83687	7 		
6 Futuro d	effective date of filing (opti	ional):		
o. ratale e	mective date or ming (opt	ional)		
Signature of	of a manager, member	or authorized		
person.	. ^	-	Secretary of Sta	te use only
Signature	Kresta MININ		Coulding of Sta	no ase only
Typed Name	e: Krista O'Dell			
· ·	and			
Signature	Thom Off		IDAHO SE 10/09/	CRETARY OF STATE 2013 05:00
Typed Name	e: Shawn O'Dell			288396 BH: 139338

cert_org_lic Rev. 07/2010