

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 NOV 26 AM 8: 37

1. The name of the limited lial	oility company is:	SECRET BY OF STATE STATE OF IDAHO	
	ntegrated Management Services, LL		
2. The complete street and ma 13965 W Chinden Blvd, Suite 2 (Street Address)	ailing addresses of the initial de		
(Mailing Address, if different than street	address)		
3. The name and complete str	eet address of the registered a	agent:	
Don Steeves (Name)	13965 W Chinden Blvd, (Street Address)	13965 W Chinden Blvd, Suite 209, Boise, ID 83713 (Street Address)	
 The name and address of a company: 	t least one member or manage	er of the limited liability	
<u>Name</u> Thomas Brown	40570 14" 10 1	Address Widmer Rd, Lenexa, KS 66215	
5. Mailing address for future co	, , , , , , , , , , , , , , , , , , , ,	notices):	
6. Future effective date of filing	g (optional):		
signature of a manager, men erson.	nber or authorized		
Signature JB		Secretary of State use only	
yped Name: Thomas Brown			
signature		IDAHO SECRETARY OF STATE 11/26/2010 05 # 00	
vned Name.		CK: 2535 CT: 253087 BH: 124666 1 0 100.00 = 100.00 ORGAN LLC N	

cert_org_lic Rev. 07/2010

Typed Name:

W98232