



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 NOV 12 AM 8:23

1. The name of the limited liability company is:

DRUG SCREEN, LLC

SECRETARY OF STATE
STATE OF IDAHO

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

9559 W. Hills Gate DR.

(Street Address)

STAR, IDAHO 83669-5300

(Mailing Address, if different than street address) same

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

ARVID M. Bowers

(Name)

9559 W. Hills Gate DR Star ID 83669-5300

(Street Address)

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

Name

Address

ARVID M. Bowers

9559 W. Hills Gate DR.

Pamela A. Bowers

STAR, IDAHO 83669-5300

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

9559 W. Hills Gate DR Star ID. 83669-5300

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Arvid M. Bowers

Typed Name: ARVID M. BOWERS

Signature

Pamela A. Bowers

Typed Name: Pamela A. Bowers

Secretary of State use only

IDAHO SECRETARY OF STATE
11/12/2010 05:00
CK: 1543 CT: 190009 BH: 1246963
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