

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 SEP 29 PM 3: 42

	,	CTATE
1.	The name of the limited liability con	npany is: STATE OF IDAHO  Project Management Services LLC
	Kristina Gillespie I	Project Management Services, LLC
2.	The complete street and mailing add 1217 S. Latah Street Boise, Idaho 83705 (Street Address)	dresses of the initial designated/principal office:
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	Kristina Gillespie	1217 S. Latah Street Boise, Idaho 83705
	(Name)	(Street Address)
4.	The name and address of at least one member or manager of the limited liability company:	
	Name	<u>Address</u>
	Kristina Gillespie	1217 S. Latah Street Boise, Idaho 83705
<b>5</b> .	Mailing address for future correspon	dence (annual report notices):
	1217 S. Latah Street Boise, idaho 83705	
6.	Future effective date of filing (options	al):
	nature of a manager, member or son.	
	nature	Secretary of State use only
Тур	ed Name: Kristina Gillespie	
Sigr	nature	<u>.                                    </u>
	ed Name:	
		rv: 313304 ri: 1/casa Bu: 1c4184

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LK: 317984 CI: 172099 BH: 1241641 1 0 100.00 = 100.00 ORGAN LLC # 2

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