

STATEMENT OF CONVERSION

Pursuant to § 30-22-405, Idaho Code

For Office Use Only

-FILED-

File #: 0003415824 Base Filing fee: \$30.00 + \$20.00 for manual processing (form must be

Date Filed: 1/29/2019 1:35:00 PM

Note: Conversion documents are complex. Please seek appropriate legal and/or financial advice before making this important business decision.

1. CONVERTING ENTITY:

Name:	EXECUTIVE MANAGEMENT SERVICES EAGLE, INC
Jurisdia	ction: <u>IDAHO</u>
Туре: _	CORPORATION
	(Corporation, Limited Liability Company, Limited Partnership, etc)

This is a domestic entity, and this plan of conversion was approved in accordance with § 30-22-403, Idaho Code.

This is a foreign entity, and this plan of conversion was approved in accordance with the law of its jurisdication of formation.

2. CONVERTED ENTITY:

Name: EXECUTIVE MANAGEMENT SERVICES EAGLE, LLC	
Jurisdiction: <u>IDAHO</u>	
Type: <u>LIMITED LIABILITY COMPANY</u> (Corporation, Limited Liability Company, Limited Partnership, etc)	
 If this is a domestic entity or domestic limited liability partnership, please attach a copy of the entity's public organic record, or statement of qualification. 	
O b. If this is a foreign entity please designate a registered agent in the space provided:	
(Registered Agent Name & Physical Address)	\mathcal{D}
3. EFFECTIVE DATE OF CONVERSION:	
Effective upon filing O Effective on future date:	
(Enter date – not more than 90 days in the future)	
Printed Name: SUSANE, RITTER	
Capacity: <u>REG. AGENT</u>	
Signature: Susan E. Ritter	





CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

	Image: Second System Image: Second System Image: Second	B0079-3035 01/29/2
1.	The name of the limited liability company is:	019
	EXECUTIVE MANACENENT SALUCE EAGLE LLC (Remember to include the words "Limited Liability Company," "Limited Company," of the abbreviations L.L.C., LLC, or LC)	<u>مبر</u>
2.	The complete street and mailing addresses of the principal office is:	ы С
	(Street Address)	PH-
	(Mailing Address, if different)	ਸ 0
3.	(Mailing Address, if different) The name and complete street address of the registered agent:	Q P L
	(Name) (Address)	< 0 لول
4.	The name and address of at least one governor of the limited liability company:	Åq
	LAMES HARDLON RUTTER 1714 S. LAKES CREATELON EAGLESTO BELL	Ê
	(Name) (Address)	0 0
	(Name) (Address)	0 - 17 0
		tar
	(Name) (Address)	R
	(Name) (Address)	ĥ
5.	Mailing address for future correspondence (annual report notices):	Stat
	P.O. BOX 939 FAGLE, IDANO B364	e 1
Sign	(Address)	Law
_	d Name: Mames H Ritter	ě †
		Lawerence
Sign	ture: Of attice	
Print	d Name: <u>SusanE, RITTER</u> ture: <u>Susan E, Ritter</u>	Denney
Sign	ture: Susan &, Ritter	Ϋ́ε

Revised 12/2018