

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 AUG 27 PM 12: 19

SECRETARY OF STATE STATE OF IDAHO

<ol> <li>The name of the limited liability c</li> </ol>	ompany is:	STATE OF IDATIO
,	TECH ASSIST GUYS , LLC	
2. The complete street and mailing a	iddresses of the initial design	ated/principal office:
,	TER BLVD SUITE 150, BOISE, ID	•
(Street Address)		
(Mailing Address, if different than street address	)	
. The name and complete street ad		•
DON LONGSTRETH	2626 E GLOUCESTER ST, BOISE, ID 83706	
(Name)	(Street Address)	
. The name and address of at least company:  Name	one member or manager of	
DON LONGSTRETH	967 E PARKCENTER BLVD STE 150, BOISE, ID 83706	
		,
		·
	***************************************	
Mailing address for future corresp	ondence (annual report notic	es):
967 E PARKCEN	ITER BLVD STE 150, BOISE, ID 8	3706
. Future effective date of filing (opti	onal):	· ·
		, **
gnature of organizer(s). (An organizer i	s a member, or is	•
ting in behalf of a member or members).	8,	cretary of State use only
And Loutent	ONE.	wetary or State use Utily
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yped Name:DON LONGSTRE		
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