

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY 11 NOV -8 PM 12: 01

(Instructions on back of application)

		STATE OF IDAHO
1. The name of the limited liability of	company is:	
N	MVP TaskMaster, I	L.L.C.
2. The complete street and mailing a	addresses of th	e initial designated/principal office:
(Street Address) PO Box 505; Mountain Home ID 8364		
(Mailing Address, if different than street address	6)	
3. The name and complete street ac	dress of the re	gistered agent:
M. V. Prouty	410 N 8 E Mountain Home ID 83647	
(Name)	(Street Address	5)
The name and address of at least company:     Name	t one member (	or manager of the limited liability
M. V. Prouty	PO Box 505:	Mountain Home ID 83647
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E AA-Paradday Santahay sanaa		
5. Mailing address for future corresp	•	lai report notices):
PO Box 505; Mountain Home ID 8364	.7	
6. Future effective date of filing (opti	ional):	,
		•
Signature of a manager, member	or authorized	
person.	,	Secretary of State use only
Signature M. Y.	uter	
Typed Name: M. V. Prouty		
- 1 km m m m m m m m m m m m m m m m m m	<del></del>	
Signature		IDAHO SECRETARY OF STATE 11/08/2011 05:00 (Y: 1777 CT: 252845 DV: 1297244
Typed Name:		CX: 1737 CT: 253845 BH: 1297364 1 @ 100.08 = 100.00 ORGAN LLC # 2

W108/68