

FILED EFFECTIVE



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 SEP 21 AM 8:46

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Home Access Solutions, LLC

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

711 Dundee Drive, Post Falls, Idaho 83854

(Street Address)

(Mailing Address, if different than street address)

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

Ralph Zimmerman

(Name)

711 Dundee Drive, Post Falls, Idaho 83854

(Street Address)

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

**Name****Address**

Ralph Zimmerman

711 Dundee Drive, Post Falls, Idaho 83854

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

711 Dundee Drive, Post Falls, Idaho 83854

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name: Ralph Zimmerman

Signature

Typed Name:

Secretary of State use only

W 87060

 IDAHO SECRETARY OF STATE  
 09/21/2009 05:00  
 CK: 3291 CT: 167789 DN: 1187886  
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 Revised 07/2008