

FILED EFFECTIVE

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 JUL -5 AM 9:33

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Construction Services, LLC

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

4361 Arbon Hwy, Arbon, ID 83212

(Street Address)

PO Box 42, Arbon, ID 83212

(Mailing Address, if different than street address)

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

Deana Lusk

(Name)

4361 Arbon Hwy, Arbon, ID 83212

(Street Address)

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

Name**Address**

Jared Lusk

PO Box 42, Arbon, ID 83212

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

849 South 1st Ave, Pocatello, ID 83201

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Deana LuskTyped Name: Deana Lusk

Signature _____

Typed Name: _____

Secretary of State use only

 IDAHO SECRETARY OF STATE
 07/05/2011 05:00
 CK: 4248 CT: 260367 BH: 1281065
 1 @ 100.00 = 100.00 ORGAN LLC # 2

W104724