

Printed Name: ____

Rev. 11/2015

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

2016 OCT 31 AM 10: 42

| The name of the limited liability company is: | | SECRETARY OF STATE STATE OF IDAHO | |
|--|--|--|-----------------------------|
| A-1 INVESTIGATIVE SERV | | nited Company," or the abbreviations L.L.C., LLC, or LC) | |
| (kemember to include the | words Emited Liability Company, Cin | inted Company, or the appreviations c.c.o., ccc, or cc/ | |
| The complete street and ma | ailing addresses of the princip | pal office is: | |
| 507 ALTURAS DR. N. TWI | N FALLS, IDAHO 83301 | | |
| (Street Address) | | | |
| (Mailing Address, if different) | | | |
| The name of the registered | agent and street address of t | the registered agent: | |
| JANET E. WILSON | 507 ALTURAS DR. N., TWIN FALLS, IDAHO 83301 | | |
| (Name) | (Address cannot be a post | (Address cannot be a post office box or postal mail box) | |
| en a contra de | tlant manner mensell. P | athered blade life and an arrangement | |
| | t least one governor of the limited liability company: | | |
| JANET E. WILSON | 507 ALTURAS DR. N. TWIN FALLS, IDAHO 833 | | |
| (Mottic) | (Address) | | |
| (Name) | (Address) | | |
| (Name) | (Address) | | |
| (Name) | (Address) | | |
| Mailing address for future o | orrespondence (annual repor | t notices): | |
| 507 ALTURAS DR. N., TW | IN FALLS, IDAHO 83301 | | |
| (Address) | | | |
| nature of organizer(s). | | | |
| nature: <u>JANET E. WILSON</u> ted Name: JANET E. WILSON | | Secretary of State use only | |
| | | IDAHO SECRETARY OF STATE 10/31/2016 05:00 CK:1473 CT:311821 BH:1553198 | |
| | | | ited Name: 5.4721 E. 771200 |
| nature: | | | |
| | | W173774 | |