FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 SEP -9 AM 11:44

(Instructions on back of application)

| 1. | The name of the limited liability com | pany is: | STATE OF IDAHO | |
|---|--|-------------------------------------|---|--|
| | Commonwealth Services LLC | | | |
| 2. | The complete street and mailing addresses of the initial designated/principal office: 1055 S Dale St #302, Boise ID 83706 | | | |
| | (Street Address) PO Box 9028, Nampa ID 83652 | | | |
| | (Mailing Address, if different than street address) | | | |
| 3. | The name and complete street address of the registered agent: | | | |
| | Joshua A Brown | 1055 S Dale St #302, Boise ID 83 70 | 6 | |
| | (Name) | (Street Address) | | |
| 4. | The name and address of at least one member or manager of the limited liability company: | | | |
| | Name | Address | | |
| | Joshua A Brown | 1055 S Dale St #302, Boise ID 83 10 | 6 | |
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| | | | | |
| 5. Mailing address for future correspondence (annual report notices): | | | | |
| | PO Box 9028, Nampa ID 83652 | | | |
| | | | | |
| 6. | 6. Future effective date of filing (optional): | | | |
| | 3,1 | | | |
| Signature of a manager, member or authorized | | | | |
| per | son. | Secretary of S | State use only | |
| Sia | nature | | | |
| Typed Name: Joshua A Brown | | | | |
| ' y F | Coprollio. | | AFÖRETSKY DE ATATE | |
| Sin | nature | 09/09 | | |
| | | 1 0 100 00 | T: 225884 BH: 1289799 : 180.00 DRGAN LLC # 2 | |
| ı yı | ed Name: | | | |

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