

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 AUG 11 PM 2: 27

SECRETARY OF STATE STATE OF IDAHO

·	• •	STATE OF IDAHU	
1. The name of the limited liab	oility company is:	ļ	
I.S.T.A.R Idaho Security Tactio	al Asset Recovery LLC		
2. The complete street and ma	_	e initial designated office:	
(Street Address) 524 3rd St South Nampa, Idaho 8 (Mailing Address, if different than street			
The name and complete stre	•	gistered agent:	
James Muse	1008 W Finch Dr. Nampa, Idaho 83651		
(Name)	(Street Address)		
The name and address of at company:	t least one member o	or manager of the limited liability	
Name	4000 111 77	Address	
James Muse	1008 W Find	1008 W Finch Dr. Nampa, Idaho 83651	
5. Mailing address for future co	•	ual report notices):	
6. Future effective date of filing	(optional):		
Signature of a manager, mem	ber or authorized		
Signature		Secretary of State use only IDAHO SECRETARY OF STATE	
Typed Name. James Muse		08/11/2014 05:00	
		CK:1003 CT:299971 BH:143689 10 100.00 = 100.00 ORGAN LLC	
Signature			
Typed Name:		A \ \ \	

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