

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2014 MAY 19 AM 10: 00

CE TO	(Instructions on b	ack of application)	SECRETATION OF THE	
1. T	The name of the limited liability company is:		STATE AND STATE	
	BBA Systems LLC			
2. T	The complete street and mailing addresses of the initial designated office:			
	808 W. 300 N. Blackfoot, ID 83221			
	(Street Address)			
	(Mailing Address, if different than street address)			
3. T	The name and complete street address of the registered agent:			
	Bryce Ellis	808 W. 300 N. I	Blackfoot, ID 83221	
	(Name)	(Street Address)		
	company: <u>Name</u>	ast one member or manager of the limited liability Address		
	Bryce Ellis	808 W. 300 N. Blackfoot, ID 83221		
	Brandon Ellis	PO Box 72 Blackfoot, ID 83221		
	Anita Ellis	PO Box 72 Blad	PO Box 72 Blackfoot, ID 83221	
C 1	delline eddroop for future comes	anandanaa (annua)	roport nations):	
5 . F	Mailing address for future corres 808 W. 300 N. Blackfoot, ID 83221	spondence (annual	report notices).	
6. F	Future effective date of filing (or	otional):		
Sign	ature of a manager, member	r or authorized		
pers	on.		Secretary of State use only	
Sign	ature <u>Druke</u> & C	(12	•	
-	ed Name: Bryce Ellis		IDAHO SECRETARY OF STATE	
. 400		^	05/19/2014 05:00 CK:2108 CT:297035 BH:1425	
Sign	ature Branda E		10 100.00 = 100.00 ORGAN L	

03

W138057

Typed Name: Brandon Ellis