

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY FILED (Instructions on back of application) 2014 APR 17 AM 8: 36

| • | •• | SALAWILL IN MILO. 30 | |
|---|--|---|--|
| 1. The name of the limited liability | company is: | SCREEN RESEAR | |
| Principled HR Solutions, LLC | | | |
| The complete street and mailing 10278 West Cultis Bay Street, Gard (Street Address) | | nitial designated office: | |
| (Mailing Address, if different than street addre | ess) | | |
| 3. The name and complete street | address of the regis | tered agent: | |
| Mary C. Harker | 10278 West Cul | 10278 West Cultis Bay Street, Garden City, ID 83714 | |
| (Name) | (Street Address) | | |
| The name and address of at leacompany: | st one member or n | • | |
| <u>Name</u> Mary H <i>ar</i> ker | Address 40279 Most Cultis Pay St. Cordon City, ID, 92744 | | |
| Ivially marker | 10278 West Cultis Bay St. Garden City, ID 83714 | | |
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| 5. Mailing address for future corres | • | report notices): | |
| 6. Future effective date of filing (or | otional): <u>5/1/20</u> | 514 | |
| Signature of a manager, membe person. | or authorized | | |
| Signature Mary C. Sark | | Secretary of State use only IDAHO SECRETARY OF STATE 04/17/2014 05:00 | |
| Typed Name: Mary C. Harker | | CK:900 CT:295773 BH:142062 100.00 = 100.00 ORGAN LLC | |
| Signature | | W136817 | |
| Typed Name: | | WISOGI | |

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