



# CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2015 APR 22 AM 8:45

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Mackie Services LLC

2. The complete street and mailing addresses of the initial designated office:

1119 Smith Avenue, Nampa, Idaho 83651

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Craig J. Mackie

(Name)

1119 Smith Avenue, Nampa, Idaho 83651

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

**Name****Address**

Craig J. Mackie

1119 Smith Ave., Nampa, ID 83651

Joan Mackie

1119 Smith Ave., Nampa ID 83651

5. Mailing address for future correspondence (annual report notices):

1119 Smith Avenue, Nampa, Idaho 83651

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: CRAIG J. Mackie

Signature

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

04/22/2015 05:00

CK:2515 CT:309327 BH:1472133

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