



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

08 SEP -9 AM 8:12

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is: North Star LLC Services

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

5540 SPURLANE

(Street Address)

EMMETT ID 83617

(Mailing Address, if different than street address)

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

Stephen Crosby

(Name)

5540 Spurlane Emmett ID 83617

(Street Address)

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

Name	Address
<u>Stephen Crosby</u>	<u>5540 Spurlane Emmett ID</u>
<u>John J Crosby</u>	<u>5540 Spurlane Emmett ID</u>
_____	_____
_____	_____
_____	_____

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

5540 Spurlane Emmett ID 83617

6. Future effective date of filing (optional): _____

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Stephen Crosby

Typed Name: Stephen Crosby

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
09/09/2008 05:00
CK: 2113 CT: 229552 BH: 1135812
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