



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2010 FEB 16 PM 12:55

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Mobility Solutions, LLC

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

1540 Elk Creek Drive, Idaho Falls, Idaho 83404

(Street Address)

(Mailing Address, if different than street address)

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

Bruce Tolman

(Name)

1540 Elk Creek Drive, Idaho Falls, Idaho 83404

(Street Address)

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

Name

Address

Bruce Tolman

1540 Elk Creek Drive, Idaho Falls, Idaho 83404

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

1540 Elk Creek Drive, Idaho Falls, Idaho 83404

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: Bruce Tolman

Typed Name: Bruce Tolman

Signature _____

Typed Name: _____

Secretary of State use only

IdahoForm LLC Form 1001, 01/2009
Revised 07/2009

IDAHO SECRETARY OF STATE
02/16/2010 05:00
CK: NONE CT: 12945 BH: 1288185
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W 90632