



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

10 JUL 12 PM 2:26

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Peace of Mind, LLC

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

6015 Whispering Hills Drive

(Street Address)

Marsing, ID 83639

(Mailing Address, if different than street address)

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

Lisa M. Gaddis

(Name)

6015 Whispering Hills Drive, Marsing, ID 83639

(Street Address)

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

Name

Address

Lisa M. Gaddis, manager

6015 Whispering Hills Drive, Marsing, ID 83639

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

6015 Whispering Hills Drive, Marsing, ID 83639

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

Signature of a manager, member or authorized person.

Signature

Typed Name: owner

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

07/12/2010 05:00

CK: 1328 CT: 175863 BH: 1230319

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