



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

12-11-15 11:09:02
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Prarie Home Services LLC

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

8236 N. Chase Rd. Post Falls, ID 83854

(Street Address)

(Mailing Address, if different than street address)

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

Benjamin R. Garrett

(Name)

8236 N. Chase Rd. Post Falls, ID 83854

(Street Address)

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

Name

Address

Benjamin R. Garrett

8236 N. Chase Rd. Post Falls, ID 83854

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

8236 N. Chase Rd. Post Falls ID 83854

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Benjamin R. Garrett

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/05/2012 05:00
CK: 2010 CT: 218404 BH: 1318438
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W112690