



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 AUG 26 AM 8:49

1. The name of the limited liability company is:

Remote Concierge Services, LLC SECRETARY OF STATE  
STATE OF IDAHO

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

4489 E Lupin Ln, Athol ID 83801  
(Street Address)

(Mailing Address, if different than street address)

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

Jeremiah Rovik  
(Name)

4489 E Lupin Ln, Athol, ID. 83801  
(Street Address)

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

Name	Address
<u>Jeremiah Rovik</u>	<u>4489 E Lupin Ln, Athol, ID. 83801</u>
_____	_____
_____	_____
_____	_____

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

4489 E Lupin Ln, Athol, ID, 83801

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

Signature of a manager, member or authorized person.

Signature [Signature]

Typed Name: Jeremiah Rovik

Signature [Signature]

Typed Name: Jeremiah Rovik

Secretary of State use only

IDAHO SECRETARY OF STATE  
08/26/2011 05:00  
CK: 5141 CT: 261920 BH: 1200125  
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