

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANYJUL -6 PM 1:57

(Instructions on back of application)

SEURETARY US STATE OF IDAHO

1. The name of the limited liability comp	STATE UF TUAHO pany is:
KI	NS Services LLC
2. The complete street and mailing addr	resses of the initial designated/principal office:
1458 E Willow	brook Ct Meridian, ID 83646
(Street Address)	
(Mailing Address, if different than street address)	
3. The name and complete street addre	ss of the registered agent:
Kimberly Fast	1458 E Willowbrook Ct Meridian, ID 83648
(Name)	(Street Address)
The name and address of at least one company:	e member or manager of the limited liability
<u>Name</u>	<u>Address</u>
Kimberly Fast	1458 E Willowbrook Ct Meridian, ID 83646
5. Mailing address for future correspond	ence (annual report notices);
1458 E Willow	brook Ct Meridian, ID 83646
6. Future effective date of filing (optional	D:
Signature of organizer(s). (An organizer is a m	nember, or is
acting in behalf of a member or members).	
Signature Kwash	Secretary of State use only Continue Co
Typed Name: KERRY WALSH	
Signature	IDAHO SECRETARY OF STATE
Typed Name:	1740 SECRETAR OF STATE 97/06/2010 05:00
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