

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 JAN 19 PM 12: 10

SECRETARY OF STATE STATE OF IDAHO

The name of the li	mited liability compan	y is:	STATE OF IDAHO
	Supply	Solutions LLC	
The complete stree	•	ses of the initial o	designated/principal office:
(Street Address)			
(Mailing Address, if differen		st Drive, Star ID 836	1000
The name and com	plete street address o	of the registered	agent:
Roger G I	Davis	9750 W Penh	uret Drive, Star ID 83669
(Name)	(Str	(Street Address)	
company:		ember or manaç	ger of the limited liability
<u>Name</u> Roger G Davis		Address 9750 W Penhurst Drive, Star ID 83659	
Roger G	Davis	973U VV Penn	nier Dune' orau in 2320a
Mailing address for	future correspondence	ce (annual report	notices):
_	•	st Drive, Star ID 836	•
		<u> </u>	
Future effective dat	e of filing (optional): _	· · · · · · · · · · · · · · · · · · ·	
	3). (An organizer is a mem	ıber, or is	<b>t.</b> 
ting in behalf of a membe	r or members).		Secretary of State use only
gnature //	K NCL.		
yped Name: Roger G Davis		9	
ignature		Offormal LC formaticent	IDANO SECRETARY OF STATE
yped Name:		Wormen	01/19/2010 05:0 CK: 1696 CT: 244881 BH: 1284
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