



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 OCT -9 AM 8:45

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Millcreek Project Management Services LLC

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

630 Garnet dr Kimberly, ID 83341

(Street Address)

PO Box 440 Kimberly, ID 83341

(Mailing Address, if different than street address)

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

Taylor Marecle

(Name)

630 Garnet Dr Kimberly, ID 83341

(Street Address)

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

Name

Address

Taylor Marecle

630 Garnet Dr Kimberly, ID 83341

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

PO Box 440 Kimberly, ID 83341

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Taylor Marecle

Signature _____

Typed Name: _____

Secretary of State use only

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10/09/2013 05:00
CK: 1273 CT: 200254 BH: 1393345
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