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CERTIFICATE OF ORGANIZATION FILED EFFECTIVE	
(Instructions on back	
1. The name of the limited liability com	npany is: SECENTRY OF STATE STATE OF IDAHO
Mobile T	echnology Solutions LLC 31/ALL On Harvie
2. The complete street and mailing addresses of the initial designated/principal office: 501 N. Phillip St. Andover, KS 67002 (Street Address) P. 0 - Box 741, Andover, KS 67002	
(Mailing Address, if different than street address)	
3. The name and complete street address of the registered agent:	
Scott Clare	1768 E. Summerheights Dr Meridian, ID 83646
(Name)	(Street Address)
 The name and address of at least one member or manager of the limited liability company: <u>Name</u> <u>Address</u> 	
Wayne Fuller	501 N. Phillip St. Andover, KS 67002
Scott Clare	1768 E. Summerheights Dr. Meridian, ID 83646
5. Mailing address for future correspondence (annual report notices): 1768 E. Summerheights Dr. Meridian, ID 83646	
6. Future effective date of filing (optional): Signature of a manager, member or authorized	
person. Signature Wayne Fuller Typed Name: Wayne Fuller Signature	Secretary of State use only
Typed Name: Scott Clare	IDAHO SECRETARY OF STATE 97/05/2011 05:00 CK: 4364 CT: 260368 BH: 1201066 1 0 100.00 = 100.00 ORGAN LLC # 2 er_org_lic Rev. 07/2010

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