



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
10 MAY 19 PM 4:16

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Professional Consulting Services, LLC.

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

76 W. Christopher Street Meridian, Idaho 83642

(Street Address)

PO Box 50251 Boise, Idaho 83705

(Mailing Address, if different than street address)

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

Pauline C. Skeggs

(Name)

76 W. Christopher Street Meridian, Idaho 83642

(Street Address)

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

Name

Pauline C. Skeggs

Address

76 W. Christopher Street Meridian, Idaho 83642

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

PO Box 50251 Boise, Idaho 83705

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Pauline C. Skeggs
Typed Name: Pauline C. Skeggs

Signature Pauline C. Skeggs
Typed Name: Pauline C. Skeggs

Secretary of State use only

W 93468

IDAHO SECRETARY OF STATE
05/19/2010 05:00
CK: 6883 CT: 248167 BN: 1223855
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