

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 NOV -5 AM 10:43

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

People Empowerment Services LLC

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

1914 N Summerwind Pl Kuna, ID 83634

(Street Address)

(Mailing Address, if different than street address)

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

James Grigg

(Name)

1914 N Summerwind Pl Kuna, ID 83634

(Street Address)

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

Name**Address**

James Grigg

1914 N Summerwind Pl Kuna, ID 83634

Shelise Grigg

1914 N Summerwind Pl Kuna, ID 83634

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

- SAME -

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

Typed Name:

James Grigg

Signature

Typed Name:

Shelise Grigg

Secretary of State use only

 IDAHO SECRETARY OF STATE
 11/05/2009 05:00
 CK: 6526 CT: 187359 BH: 1194217
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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