

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 AUG 15 AM 9:11

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Low Key Services LLC

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

286 Lakeshore Drive Sagle, ID 83860

(Street Address)

(Mailing Address, if different than street address)

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

Scott D. Lockie 286 Lakeshore Drive Sagle, ID 83860

(Name)

(Street Address)

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

<u>Name</u>	<u>Address</u>
Elizabeth Mary Lockie	286 Lakeshore Drive Sagle, ID 83860
_____	_____
_____	_____
_____	_____
_____	_____

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

286 Lakeshore Drive Sagle, ID 83860

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

Signature of a manager, member or authorized person.

Signature *Scott D. Lockie*
Typed Name: Scott D. Lockie

Secretary of State use only

Signature _____
Typed Name: _____

IDAHO SECRETARY OF STATE
08/15/2011 05:00
CK: 1464 CT: 261539 BH: 1286488
1 @ 100.00 = 100.00 ORGAN LLC # 2

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