Typed Name: Jennifer Mire

Typed Name: Leigh Mire

Signature_

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

	(Instructions on ba	ck of application)	SECRETARY OF STATE
1. The na	name of the limited liability company is:		STATE OF IDAHO
	Min	e Business Services, LLC	
117 J	omplete street and mailing a erry's Way Sagle, ID 83860 Address)	iddresses of the initial	designated/principal office:
(Mailing	Address, if different than street address)	
3. The na	ame and complete street ad	dress of the registered	d agent:
Jennif	er Mire	117 Jerry's Way Sa	gle, ID 83860
(Name)		(Street Address)	
Jennii	<u>Name</u> fer Mire	117 Jerry's Way Sa	Address gle, ID 83860
Leigh	Mire	1585 Spade Rd S	agle, ID 83860
	g address for future corresp emy's Way Sagle, ID 83860	ondence (annual repo	ort notices):
6. Future	e effective date of filing (opt	ional):	
Signature person.	of a manager, member	or authorized	
	Jundation	•	Secretary of State use only
oignature	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		ai ac l

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IDAHO SECRETARY OF STATE 07/15/2010 05:00 CK: 476968 CT: 172099 BH: 1230785 1 8 108.00 = 100.00 ORGAN LLC #