

Typed Name: _

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE 10 JAN -4 AM 9: 18

(Instructions on back of	or application)	OF OFFICE AND OF OTATE
The name of the limited liability comp	pany is:	SECRETARY OF STATE STATE OF IDAHO
Arapien Professional	Human Resource Mana	gement, LLC
The complete street and mailing add	resses of the initial of	designated/principal office:
•	0 North Menan, Idaho 8	• •
(Street Address)	· · · · · · · · · · · · · · · · · · ·	
(Malling Address, if different than street address)		
The name and complete street addre	ss of the registered	agent:
Steven Lambertsen (Name)		North Menan, Idaho 83434
(realine)	(Street Address)	
The name and address of at least on company:	e member or manag	• • • • • • • • • • • • • • • • • • •
Name Steven Lambertsen	Address 3283 East 650 North Menan, Idaho 83434	
Steven Lambertsen	3203 E88(030 I	Notth Mehan, Idaho 63434
		<u> </u>
•		
Mailing address for future correspond	•	· ·
3283 East 650	North Menan, Idaho 8	5434
Future effective date of filing (optional	N•	
ruture enective date or ming (optiona		
nature of organizer(s). (An organizer is a n ng in behalf of a member or members).	nember, or is	
ing in bendir of a member of members.	۵	Secretary of State use only
gnature thum hamberta	FC.PM	
ped Name: Steven Lambertsen	LC formstoar_org_&c.PMD 07/2008	
	ms/cer	
anature	LC for	IDANO SECRETARY OF

CK: 1272 CT: 243503 BH: 1201551 1 0 100.00 = 100.00 ORGAN LLC # 2