

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2015 NOV -2 AM 9: 45

(Instructions on back of application)

(TATE OF STATE	
The name of the limited liabil	ity company is:	STATE OF IDAHO	
	SGS NORTH WEST,	LLC	
The complete street and mail		initial designated/principal office:	
(Street Address)			
(Mailing Address, if different than street ad	ddress)		
The name and complete stree	et address of the reg	stered agent:	
InCorp Services, Inc.	921 S. Orchan	921 S. Orchard Street, Suite G Boise, ID 83705	
(Name)	(Street Address)	(Street Address)	
J Denea Sherlock Scott G. Sherlock		13665 N Idaho Rd Rathdrum, ID 83858 13665 N Idaho Rd Rathdrum, ID 83858	
Mailing address for future co	rrespondence (annu	al report notices):	
13665 N Idaho Rd Rathdrum, ID	83858		
. Future effective date of filing	(optional):		
ignature of a manager, memerson.	nber or authorized		
54:	. 1	Secretary of State use only	
Signature		IDAHO SECRETARY OF	
Typed Name: Eliana Garcia, Organ	nizer	11/02/2015 05 CK:1562 CT:315046 BB	
Normalisma		16 100.00 = 100.00 OR	
Signature		1	

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Typed Name: _ _____

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