



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2012 DEC 26 AM 11:49

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Capital Services LLC

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

9382 Maple Hill Boise, ID 83709

(Street Address)

(Mailing Address, if different than street address)

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

Austin Horejs

(Name)

9382 Maple Hill Boise, ID 83709

(Street Address)

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

Name

Address

Austin Horejs

9382 Maple Hill Boise, ID 83709

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

9382 Maple Hill Boise, ID 83709

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Austin Horejs

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
12/26/2012 05:00
CK: CASH C1: 277576 BH: 1352963
1 @ 100.00 = 100.00 ORGAN LLC # 2

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