



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

11 AUG -8 AM 8:49

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Pete's Security Service LLC

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

484 W. 18th St

(Street Address)

Idaho Falls, Idaho 83402

(Mailing Address, if different than street address)

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

Peter R. Miller

(Name)

484 W. 18th St., Idaho Falls, Idaho 83402

(Street Address)

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

Name

Address

Peter R. Miller

484 W. 18th St., Idaho Falls, Idaho 83402

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

484 W. 18th St., Idaho Falls, Idaho 83402

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Peter R. Miller

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/08/2011 05:00
CK: 5021 CT: 261332 MH: 1285579
1 @ 100.00 = 100.00 ORGAN LLC # 2

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