



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY FILED EFFECTIVE

(Instructions on back of application)

2012 JAN 27 PM 4: 21

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Lisa's Virtual Customer Service, LLC.

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

250 Troy Avenue Idaho Falls, Idaho 83402

(Street Address)

(Mailing Address, if different than street address)

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

Lisa K. Call

(Name)

250 Troy Avenue 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

Lisa K. Call

250 Troy Avenue Idaho Falls, Idaho

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

250 Troy Avenue Idaho Falls, Idaho 83402

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Lisa K. Call

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
01/27/2012 05:00
CK: 888945 CT: 172899 BH: 1388161
1 @ 100.00 = 100.00 ORGAN LLC # 2

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