

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

LIMITED LIABILITY	
(Instructions on back o 1. The name of the limited liability comp	SECRETARY OF STATE bany is: STATE OF IDAHO CING CRIME LAB, LLC
	esses of the initial designated/principal office: ST., BOISE, ID., SUITE 1 83706
3. The name and complete street address 3. The name and complete street address.	ss of the registered agent:
WILLIAM H. NIELSEN	720 E. WHITNEY CT., EAGLE, ID 83616 (Street Address)
The name and address of at least one company:	member or manager of the limited liability
<u>Name</u> WILLIAM H. NIELSEN	Address 720 E. WHITNEY CT., EAGLE, ID. 83616
JERRY DAVIS	1377 N. CLARA, MERIDIAN, ID. 83642
5. Mailing address for future corresponde	ence (annual report notices): ST., SUITE 1, BOISE, ID. 83706
IOTO N. ORCHARD S	
6. Future effective date of filing (optional)	
6. Future effective date of filing (optional) Signature of organizer(s). (An organizer is a me	