

Typed Name: _

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 09 JUL 28 AM 10: 22

¥ 01	(Instructions on back of	of application)	SECRETARY OF STATE
1. The i	name of the limited liability com	pany is:	STATE OF IDAHO
	au	ttux services LLC	
	complete street address, and maipal office:	ailing address if	different, of the initial designated/
	4465 N. Mooney F	alls Way, Meridian,	Idaho 83646
	The name of the commercial registered agent; or the name and complete street address of the non-commercial registered agent:		
•	Raul Ocampo, 4465 N. Mooney Fal	lls Way, Meridian, to	daho 83646 (County of Ada)
4. The i	name and address of at least on	e member or ma	anager of the limited liability
comp	oany:		•
	Name		Address
	Raul Ocampo	4465 N. Moone	y Falls Way, Meridian, Idaho 83846
5. Maili	ng address for future correspond		•
	4465 N. Mooney F	alls Way, Meridian,	Idaho 83646
_			
6. Futur	e effective date of filing (optiona	il):	
0 1			
	e of an organizer(s). (An organizer in the organizer in t		
r member			Secretary of State use only
		Ec. PM	
Signature			
Typed Na	ame: Karmelia Fredrick, Legalzoom.co	om, Inc.	Thous consessed
		ms/LLC forms/cent_org_fic_PMD	97/28/2009 B
Signature)	wised	1 0 109.00 = 100.00