



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
12 MAY -4 PM 1:49

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Zach's Services LLC

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

3600 Collister Dr. Boise ID, 83703

(Street Address)

(Mailing Address, if different than street address)

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

Zachary M Weimar

(Name)

3600 Collister Dr. Boise ID, 83703

(Street Address)

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

Name

Address

Zachary M Weimar

3600 Collister Dr. Boise ID, 83703

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

3600 Collister Dr. Boise ID, 83703

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

Signature of a manager, member or authorized person.

Signature Zachary M. Weimar

Typed Name: Zachary M. Weimar

Secretary of State use only

Signature _____

Typed Name: _____

IDAHO SECRETARY OF STATE
05/04/2012 05:00
CK: 2129 CT: 270074 BH: 1322672
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