

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 MAY 20 AM 9:30

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Lakeside Services, LLC

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

1300 Roosevelt Ave McCall, ID 83638

(Street Address)

P. O. Box 5813 Boise, ID 83705

(Mailing Address, if different than street address)

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

Marcia Smith

(Name)

3165 E Stone Point Dr Boise, ID 83713

(Street Address)

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

Name**Address**

Jason Smith

3165 E Stone Point Dr Boise, ID 83713

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

P. O. Box 5813 Boise, ID 83705

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Marcia A. Smith
Typed Name: Marcia SmithSignature _____
Typed Name: _____

Secretary of State use only

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Revised 07/2008IDAHO SECRETARY OF STATE
05/20/2009 05:00
CK: 6816 CT: 140000 DN: 1171223
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