



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 OCT 27 AM 10:54

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

A.C.T. SERVICES, LLC

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

16160 N GLACIER PEAK DRIVE

(Street Address)

NAMPA IDAHO 83651

(Mailing Address, if different than street address)

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

AARON DANSBY

(Name)

16160 N GLACIER PEAK DRIVE

(Street Address)

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

NameAddress

AARON DANSBY

16160 N GLACIER PEAK DRIVE

LAWANUA DANSBY

16160 N GLACIER PEAK DRIVE

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

16160 N GLACIER PEAK DRIVE, NAMPA ID 83651

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

Signature of a manager, member or authorized person.

Signature Typed Name: AARON DANSBYSignature Typed Name: LAWANUA DANSBY

Secretary of State use only

IDAHO SECRETARY OF STATE
10/27/2011 05:00
CK: CASH CT: 260785 BH: 1295892
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3