FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 NOV 25 PM 3: 53

	MITED LIABI	ILITY COMPA	
(Instructions on back of		back of application)	SECTION Y OF STATE OF IDAHO
I. The name o	The name of the limited liability company		Olivie of the
idaho Emplo	yer Resources, LLC		
•	te street and mailing	g addresses of the ini 05	tial designated office:
(Street Address		· ·····	
(Malling Addres	s, if different than street addr	955)	
3. The name a	nd complete street	address of the registe	ered agent:
Chad Moffat		900 W Boeing Str	eet Boise ID 83705
(Namé)		(Street Address)	
 The name a company: 	end address of at lea Name	ast one member or m	anager of the limited liability Address
Chad Moffat		900 W Boeing St Boise, ID 83705	
	· .		
			
			
5. Mailing add	ress for future corre	espondence (annual r	eport notices):
_	ng St Boise, ID 63705		•
			
Future effect	tive date of filing (o	ptional):	
Signature of a person.	manager, membe	er or authorized	
,C13011.			Secretary of State use only
Signature	6		
yped Name:	Chad Moffat		IDAHO SECRETARY OF STA
N: 4.			11/25/2014 05:0
Signature			CK:2384484 CT:172099 BH:1 16 100:00 = 100:00 ORGAN
уреа изп е : Г			20 20101

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