



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 AUG 20 AM 11:08

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Absolute Services LLC

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

790 Reed Ave. IDAHO FALLS, ID 83402
(Street Address)

(Mailing Address, if different than street address)

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

Mark A. Wilde
(Name)

790 Reed Ave. IDAHO FALLS, ID 83402
(Street Address)

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

Name	Address
<u>Mark A. Wilde</u>	<u>790 Reed Ave. IDAHO FALLS, ID 83402</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

790 Reed Ave. IDAHO FALLS, ID 83402

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

Signature of a manager, member or authorized person.

Signature Mark A. Wilde

Typed Name: Mark A. Wilde

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/20/2014 05:00

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