

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 OCT -4 AM 8: 29

1.	The name of the limited liability con	npany is: on Business Services	SECREMEY OF STATE STATE OF IDAHO
2.	The complete street and mailing add 2089 Kearney St. Idaho Falls, ID 83401	dresses of the init	al designated/principal office:
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Jenny L Richardson	2089 Kearney St.	daho Falis, ID 83401
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	Name		Address
	Jenny L Richardson	2089 Kearney St.	daho Falls, ID 83401
5.	5. Mailing address for future correspondence (annual report notices):  2089 Keamey St. Idaho Falls, ID 83401		
6. Future effective date of filing (optional):			
_	nature of a manager, member or son.	authorized	
•	nature Ocnny J. Richardson		Secretary of State use only
Тур	ed Name: Jenny L. Richardson	1	
Sig	nature		IDAHO SECRETARY OF STATE 10/04/2010 05:00 CK: 695 CT: 251752 BH: 1241625
Тур	ed Name:		100.00 = 100.00 ORGAN LLC # 2

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