



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 APR -1 AM 9:09

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Steve's Services, LLC

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

366N 300E Blackfoot, ID 83221

(Street Address)

(Mailing Address, if different than street address)

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

Steve Ison

(Name)

366N 300E Blackfoot, ID 83221

(Street Address)

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

Name

Address

Steve Ison

366N 300E Blackfoot, ID 83221

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

366N 300E Blackfoot, ID 83221

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Steve Ison

Typed Name: Steve Ison

Signature

Typed Name:

Secretary of State use only

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04/01/2013 05:00
CK: 110258 CT: 205441 BH: 1367320
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