



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

2014 SEP 19 AM 8:45

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

kM.O.M.S. LLC

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

10109 W Holt Street

(Street Address)

Boise, ID 83704

(Mailing Address, if different than street address)

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

AmandaRae Hacklin

(Name)

10109 W Holt Street, Boise, ID 83704

(Street Address)

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

Name

Robert Bicknese

Address

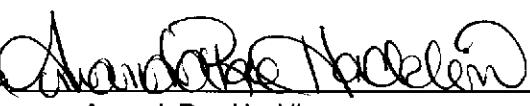
10109 W. Holt Street, Boise, ID 83704

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

10109 W Holt Street, Boise, ID 83704

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

Signature of a manager, member or authorized person.

Signature 
Typed Name: AmandaRae Hacklin

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/19/2014 05:00

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