FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2015 JUN 8 AM 9: 32

| | (Instructions on back of application) | | SLUHETARY OF STATE STATE OF IDAHO | |
|---------------------------------------|---|--|--|--|
| 1. The nam | ne of the limited liab | ility company is: | | |
| Armiger | Business Services, LLC | | | |
| | nplete street and ma V. Skyhaven Street, Star | iling addresses of the initi | al designated office: | |
| (Street Adi | d:ess) | The second secon | | |
| (Mailing A | ddress. If different than alrect | addr ess) | | |
| 3. The nam | ne and complete stre | et address of the register | ed agent: | |
| Dicsie G | Sulfick | 12256 W. Skyhave | 12256 W. Skyhaven Street, Star, ID 83669 | |
| (Name) | | (Street Address) | The second secon | |
| 4. The nam | | least one member or mai | nager of the limited liability | |
| | Name | Address | | |
| Dicsie G | Gullick | 12256 W, Skyhavei | 12256 W. Skyhaven Street, Star, ID 83669 | |
| · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | |
| - | address for future co V. Skyhaven Street, Star | rrespondence (annual rep ; ID 83669 | port notices): | |
| 6. Future e | ffective date of filing | (optional): | | |
| سر درود دود دو | | Manager Commission (September 2014) | | |
| person. | if a manager, men | met of srinoused | | |
| Signature | Dissie H. | Stelle | Secretary of State use only | |
| Typed Name | Dicsie Gullick | | | |
| Claumaticas | | | IDAHO SECRETARY OF STATE | |
| Signature | | | 06/08/2015 05:00 CK:2912440 CT:172099 BH:14 | |
| Typed Mame | 3 | | CM.2312440 CI.172033 BM:14 10 100 00 = 100 00 00CAN T | |

9/21/2012

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