



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned
submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

11 JUN -6 AM 9: 37

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Organizational Services ~~XXXX~~

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name
Michelle Graefe
Linda Robin Henson

Complete Address
P.O. Box 1210 Meridian Id 83680
P.O. Box 1210 Meridian Id 83680

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

Organizational Services LLC
P.O. Box 1210
Meridian Id. 83680

5. Name and address for this acknowledgment copy is (if other than # 4 above):

14279 W. Sedona Dr.
Boise Id 83713

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: Linda R. Henson

Printed Name: Linda R. Henson

Capacity/Title: Co-owner

Signature: Michelle Graefe

Printed Name: Michelle Graefe

Capacity/Title: Co-owner

IDAHO SECRETARY OF STATE
06/06/2011 05:00
CK: 639904893 CT: 150010 BH: 1276900
1 @ 25.00 = 25.00 ASSUM NAME # 2

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