



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2014 SEP 29 AM 9:48

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

PCS STAFFING LLC

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

3217 TIPPERARY LANE, IDAHO FALLS, ID 83404

(Street Address)

(Mailing Address, if different than street address)

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

KARLA SMITH

(Name)

3217 TIPPERARY LANE, IDAHO FALLS, ID 83404

(Street Address)

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

Name

Address

KARLA SMITH

3217 TIPPERARY LANE, IDAHO FALLS, ID 83404

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

3217 TIPPERARY LANE, IDAHO FALLS, ID 83404

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

Signature of a manager, member or authorized person.

Signature Karla Smith

Typed Name: KARLA SMITH

Signature _____

Typed Name: _____

Secretary of State use only
IDAHO SECRETARY OF STATE
09/29/2014 05:00

CK: 3159 CT: 301603 BH: 1443143
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