



## **CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

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THE STATE OF THE S		CERTIFIC LIMITED Title 30, Chapte Base Filing fee: \$	LIABILIT ers 21 and 25, I	Y COMI	PANY		File #: 00	For Office Use Only -FILED- 006165417 ed: 3/6/2025 1:30:00 PM	294 03/06 _
1.	. The name of the limited liability company is:  Starlight IT Services LLC  (Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC;								/2025
2.									1:30 PM
3.	(Mailing Address, if different)  The name and complete street address of the registered agent:  Micah  Nowack  1088  Boller Rd  PoHatch ID								Receiv
4.	(Name) (Address)								がない To ve Of
	(Name)	t		(Address)			· · · · · · · · · · · · · · · · · · ·		fice o:
	(Name)			(Address)					f the
5.	(Name) (Address)  Mailing address for future correspondence (annual report notices):  1088 Boller RD Potlatch, ID 83855  (Mailing Address)								Idaho S
Signature of organizer(s).  Printed Name: Micah Nowack  Secretary of State use only								e only	40 LD 0
Signature: Muse Auro									ary .
Printed Name:									of St
Signature:  Revised 12/2018									ate