W83820

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CERTIFICATE OF	
(Instructions on back	
1. The name of the limited liability co	STATE OF IDAUD
A	ACM SERVICES, LLC
	ddresses of the initial designated/principal office: HILL DR SAGLE, IDAHO 83860
(Street Address) P.O. BO (Mailing Address, if different than street address)	X 653 SAGLE IDAHO 83860
3. The name and complete street add	Iress of the registered agent:
CHRISSY BENNETT	50 JULES HILL DR SAGLE IDAHO 83860 (Street Address)
4. The name and address of at least of company: <u>Name</u> CHRISSY BENNETT	one member or manager of the limited liability Address 50 JULES HILL DR SAGLE IDAHO 63860
5. Mailing address for future correspond	
P.O. BO	onal);
Signature of organizer(s). (An organizer is a acting in behalf of a member or members). Signature Typed Name: CHRISSY BENNET Typed Name: CHRISSY BENNET	TT Secretary of State use only
	CX: 237220 CT: 172099 BH: 116973 1 8 196.96 = 196.00 ORGAN LLC #