

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

	(Instructions on back of application)	
1.	The name of the limited liability company is: STATE OF IDAHO	
	PROTECTOR SERVICES OF IDALO LLC.	
2	The complete street and mailing addresses of the initial designated/principal office:	
	S14 LAWRENCE (Street Address)	
	Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	(Name) 614 Law Renice Boise, ID 83707 (Street Address)	
	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability	
	company:	
	Name Address	
	Grey Cook 514 LAWRONCE BOISE, ID 83709	
5	Mailing address for future correspondence (appual report nations):	
J.	Mailing address for future correspondence (annual report notices):	
	514 LAWRINGE BOISE , ID 83709	
6.	Future effective date of filing (optional):	
Sia	nature of a manager, member or authorized	
per	on	
	Secretary of State use only	
_	nature or	
Тур	ed Name: Cokey Cook	
Sigi	atureIDAHO SECRETARY OF STATE	
	ed Name: 10/03/2011 05:00 CK: 36098 CT: 250372 BH: 1292711	
	1 2 190.00 = 100.00 ORGAN LLC # 2	

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