



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 AUG 12 AM 8:58

1. The name of the limited liability company is:

Patterson Workplace Solutions LLC

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

5003 Shadow Creek, Idaho Falls, ID 83401

(Street Address)

(Mailing Address, if different than street address)

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

Dennis D. Patterson

(Name)

5003 Shadow Creek Drive

(Street Address)

Idaho Falls, ID 83401

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

Name

Address

Dennis D. Patterson

5003 Shadow Creek, Idaho Falls, ID  
83401

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

5003 Shadow Creek, Idaho Falls, ID 83401

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Dennis Patterson  
Typed Name: Dennis Patterson

Signature \_\_\_\_\_  
Typed Name: \_\_\_\_\_

Secretary of State use only

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08/12/2013 05:00  
CK: 6524 CT: 205303 BH: 1305657  
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