



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 NOV 17 AM 8:27

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

PS Ventures LLC

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

2400 N Alder Dr Fruitland, ID 83619

(Street Address)

PO Box 706 Fruitland, ID 83619

(Mailing Address, if different than street address)

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

Bruce Peterson

(Name)

2400 N Alder Dr Fruitland, ID 83619

(Street Address)

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

Name

Address

Bruce Peterson

PO Box 706 Fruitland, ID 83619

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

PO Box 706 Fruitland, ID 83619

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature Bruce Peterson

Typed Name: Bruce Peterson

Signature \_\_\_\_\_

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

Secretary of State use only

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11/17/2010 05:00  
CK: 3007 CT: 117777 BH: 1247509  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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