

Signature

Typed Name: Matthew T Reid

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 AUG 26 AM 8: 25

1. The name of the limited liability of	company is: STATE OF IDAHO
	Titan Pest Control LLC.
2. The complete street and mailing a 8866 W Floating Feather Star Idaho 83 (Street Address)	addresses of the initial designated/principal office:
<u> </u>	
(Mailing Address, if different than street address	3)
3. The name and complete street ac	ddress of the registered agent:
Michael Sessions	8866 W Floating Feather Star Idaho 83669
(Name)	(Street Address)
The name and address of at least company:	t one member or manager of the limited liability
Name	<u>Address</u>
Michael Sessions	8866 W Flesting Feather Star Idaho 83669
Matthew Reid	1707 Sage Hen Ct Ammon Idaho 83401
5. Mailing address for future corresp	•
8866 W Floating Feather Star Idaho 83	8669
6. Future effective date of filing (opti	onal):
Signature of a manager, member person.	or authorized
( 110 A	Secretary of State use only
Signature White Commen	<u>&gt;</u>
Typed Name: Michael J Sessions	

IDAHO SECRETARY OF STATE

28/26/2011 05:00

CK: CASH CT: 261891 BH: 1288838
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