

Signature\_

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

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2012 JUN -7 AM 9:07

FILED EFFECTIVE

(Instructions on back of application)

SECRE BY OF STATE STATE OF IDAHO 1. The name of the limited liability company is: Idaho Fire Services LLC 2. The complete street and mailing addresses of the initial designated office: 570 Norvin Ave, Idaho Falls, ID 83401 (Street Address) (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: 570 Norvin Ave, Idaho Falls, ID 83401 John E McAffee (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: <u>Address</u> <u>Name</u> 570 Norvin Ave, Idaho Falls, ID 83401 John E McAffee 5. Mailing address for future correspondence (annual report notices): 1055 N 3102 W, Rexburg, ID 83440 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Secretary of State use only Molle Signature Typed Name / John E McAffee

cert\_org\_lic Rev. 07/2010

180.08 ORGAN LLC N 2 20.00 EXPEDITE C # 3

IDAHO SECRETARY OF STATE

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