

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

09 OCT -5 PM 1: 10

SECRETARY OF STATE

W87425

1. The name of the limited liability con	mpany is:	OTALE OF IDANO
Barker Inform	nation Technology Se	ervices LLC
2. The complete street and mailing ad	dresses of the init	tial designated/principal office:
	enter Blvd, Ste 6 Nam	
(Street Address)		
(Mailing Address, if different than street address)		
3. The name and complete street add	ress of the registe	ered agent:
Samuel R. Barker	16114 Idaho Co	enter Blvd, Ste 6 Nampa, ID 83687
(Name)	(Street Address)	
The name and address of at least of company: Name		Address
Samuel R. Barker	16114 Idaho Center Blvd, Ste 6 Nampa, ID 83687	
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	-	
E. Maillan address for februs correspond	ndonoe (appual re	enort notices).
5. Mailing address for future correspondence 16114 Ideho Co	enter Blvd, Ste 6 Nam	
1011110011		
6. Future effective date of filing (optio	nal):	
	,	
Signature of organizer(s). (An organizer is	a member, or is	
acting in behalf of a member or members).	<u> </u>	Secretary of State use only
Olympia Market	9	_
Signature Samuel R. Barke		
Typed Name: Samuel R. Barke	- Indiana	TRAUM OCCOUTABLE OF STATE
Signature	formstill formskart on Inc.	IDAHO SECRETARY OF STATE 10/05/2009 05:00 CX: 318767 CT: 172099 BH: 1189279