CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

10 0EC 29 17 4: 03

(11.011.001.011.0	an addition application,		
1. The name of the limited liabi	lity company is:	STATE OF IDAHO	
	LMS501S, LLC	Ç.	
2. The complete street and mai 250 S. Fifth Street, Suite 660, Bo (Street Address)	•	itial designated/principal office:	
P.O. Box 9500, Boise, Idaho 837 (Mailing Address, if different than street a			
3. The name and complete stre	et address of the registe	ered agent:	
Edward D. Ahrens	250 S. Fifth Stree	250 S. Fifth Street, Suite 660, Boise, ID 83707-9500	
(Name)	(Street Address)	(Street Address)	
The name and address of at company: Name	least one member or m	anager of the limited liability Address	
Edward D. Ahrens	250 S. Fifth Stree	250 S. Fifth Street, Suite 660, Boise, ID 83707-9500	
	•		
			
 		All And the American Control of the	
5. Mailing address for future co	•	eport notices):	
P.O. Box 9500, Boise, Idaho 837	07-9500	and the state of the first of the state of t	
6. Future effective date of filing	(optional): N/A		
Signature of a manager, mem	ber or authorized		
person.		Secretary of State use only	
Signature Zdward D.	Mens.		
Typed Name: Edward D. Ahrens			
		IDAHO SECRETARY OF STATE	
Signature		12/29/2010 05:00 CK: 1564 CT: 84162 BH: 1252944	
Typed Name:		1 8 28.80 = 20.00 EXPEDITE C # 2	

Typed Name: _____