



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 MAR 14 AM 8:59

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

GREAT SERVICE, LLC

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

11591 NORTH 5TH EAST, IDAHO FALLS, ID 83401

(Street Address)

SAME

(Mailing Address, if different than street address)

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

GARY W MACHEN

(Name)

11591 N 5TH E, IDAHO FALLS, ID 83401

(Street Address)

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

Name

Address

GARY W MACHEN

11591 N 5TH E, IDAHO FALLS, ID 83401

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

1655 1ST STREET, IDAHO FALLS, ID 83401-4305

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: GARY W MACHEN

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/14/2014 05:00
CK: 8138 CT: 100806 BH: 1415326
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