

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 JUN 28 AM 8: 59

SECRETARY OF STATI

The name of the limited liability of	company is:
Integra	ated Information Services, LLC
The complete street and mailing a	addresses of the initial designated/principal office:
1828 W Div	vide Creek St., Meridian, ID 83646
(Street Address)	Box 370, Meridian, ID 83680
(Mailing Address, if different than street address)	
The name and complete street ad	Idress of the registered agent:
Jeff Oler	1828 W Divide Creek St., Meridian, ID 83646
(Name)	(Street Address)
The name and address of at least company:	t one member or manager of the limited liability
<u>Name</u>	Address
Jeff Oler	1828 W Divide Creek St., Meridian, ID 83646
Afrillon address for fakors	and a section of the
Mailing address for future correspondence of the policy and policy	Bondence (annual report notices): Box 370, Meridian, ID-83680
	30X 370, Mendian, ID 63000
Future effective date of filing (option	ional):
Tatale checure date of hims (opti-	onary.
nature of organizer(s). (An organizer is	is a member or is
ing in behalf of a member or members).	is a member, or is
	Secretary of State use only
gnature	- Feb.
ped Name: Jeff Oler	
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