



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
2013 JUN -5 AM 11:28

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

DRUG TESTING COMPLIANCE GROUP LLC

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

1737 N. PEWTER AVE.

(Street Address)

KUNA, ID 83634

(Mailing Address, if different than street address)

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

DAVID CROSSETT

(Name)

1737 N. PEWTER AVE, KUNA

(Street Address)

ID 83634

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

DAVID CROSSETT

Name

1737 N. PEWTER AVE, KUNA, ID

Address

83634

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

1737 N. PEWTER AVE, KUNA, ID 83634

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

Signature of a manager, member or authorized person.

Signature [Signature]

Typed Name: DAVID CROSSETT

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
06/05/2013 05:00
CK: 1427212 CT: 172099 DM: 1376016
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