



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 SEP 13 AM 8:56

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Professional Event Services LLC

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

1838 Dorian Drive

(Street Address)

Twin Falls, ID 83301

(Mailing Address, if different than street address)

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

Michelle Carpenter

(Name)

1838 Dorian Drive, Twin Falls, ID 83301

(Street Address)

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

Name

Address

Michelle Carpenter

1838 Dorian Drive, Twin Falls, ID 83301

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

1838 Dorian Drive, Twin Falls, ID 83301

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

Signature of a manager, member or authorized person.

Signature Michelle Carpenter

Typed Name: Michelle Carpenter

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
09/13/2010 05:00
CK: 1186 CT: 246305 BH: 1238600
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