



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	1838 Dorian Drive, Twin Falls, ID 83301
(Name)	(Street Address)

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

<u>Name</u>	<u>Address</u>
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: 1238680
1 P 100.00 = 100.00 ORGAN LLC # 2