

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

2014 OCT 17 AM 9: 05

(ins	tructions on back of application)	
. The name of the limited liability company is:		SECRETARY OF STATE STATE OF IDAHO
Premier Alliance Bus	iness Services, LLC	
•	et and mailing addresses of the i	
(Street Address)		
(Mailing Address, if differe	nt than street address)	
3. The name and con	nplete street address of the regis	stered agent:
Greg C. Mayes	5660 E. Franklin	л Rd., Suite 300, Nampa, Idaho, 83687
(Name)	(Street Address)	
4. The name and add company:	ress of at least one member or	manager of the limited liability
	me	Address
Greg C.Mayes	5660 E. Franklii	n Rd., Suite 300, Nampa, Idaho, 83687
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• a a - a - a - a - a - a - a - a - a -		
<del>-</del>	future correspondence (annual oad, Suite 300, Nampa, Idaho, 83687	•
	oud, outle bob, trampa, tauto, obdor	
6. Future effective da	te of filing (optional):	
ignature of a managerson.	ger, member or authorized	
ignatura 7	•	Secretary of State use only
yped Name: Gree C Mayes		10AHO SECRETARY OF STATE 10/13/2014 05:00
yped Name.		CK:1174 CT:288464 BH:144564 16 100.00 = 100.00 ORGAN LLC
Signature		

W143336

Typed Name: