

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY_{09 APR 20 PH 12: 56}

FILED EFFECTIVE

(Instructions on back of application)

1. The name of the limited liability com		ECHETATI OF STATE STATE OF IDAHO
PC Mechani	c Computer Service & Rep	air
2. The complete street and mailing add	Iresses of the initial de	signated/principal office:
	North Lewisville, Idaho 83	3431
(Street Address) P.O. Box 1	99 Lewisville, Idaho 8343	1
(Mailing Address, if different than street address)		
3. The name and complete street addr	ess of the registered a	gent:
Patrick R. Jones	3425 East 480 North	h Lewisville, Idaho 83431
(Name)	(Street Address)	
The name and address of at least or company: Name	Ĺ	Address
Patrick R. Jones	3425 East 480 North Lewisville, Idaho 83431	
,		
5. Mailing address for future correspon	dence (annual renort n	intices).
•	99 Lewisville, Idaho 83431	
6. Future effective date of filing (option	al):	en e
		· · · · ·
Signature of organizer(s). (An organizer is a acting in behalf of a member or members).	member, or is	
	₽	Secretary of State use only
Signature		
Typed Name: Patrick R. Jones		
Signature	corptiomsULC formsteert_org_lic.PMD	IBAHO SECRETARY OF STATE 24/20/2009 05:00 CK: 563211734 CT: 236321 BH: 11667 1 0 100.00 = 100.00 GEOM LLC 0

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