

251



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2010 OCT 29 PM 2:18

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Key Solutions, LLC

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

593 Bluebell Ave. Twin Falls, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

Michael E Lawrence

(Name)

593 Bluebell Ave. 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

Michael E Lawrence

593 Bluebell Ave. Twin Falls, ID 83301

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

593 Bluebell Ave. Twin Falls, ID 83301

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Michael E Lawrence

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

10/29/2010 05:00

CK: 539393 CT: 172099 BH: 1245195
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

cert_org_llc Rev. 07/2010

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