

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 DEC 16 PM 4: 42

STATE OF IDAHO

1. The name of the limited liability company is:		** :
	SMT, LLC	
2. The complete street and m	nailing addresses of the initial designated	office:
724 Broadway Circle, Salmon,	, Idaho 83647	
(Street Address)		
(Mailing Address, if different than stre	et address)	
3. The name and complete st	treet address of the registered agent:	i
Scott B. Taylor	724 Broadway Circle, Salmon, Idaho	83647
(Name)	(Street Address)	
The name and address of company:	at least one member or manager of the lin	nited liability
<u>Name</u>	Address	1
Scott B. Taylor	724 Broadway Circle, Salmon, Idaho	83647
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-	correspondence (annual report notices):	
724 Broadway Circle, Salmon,	, Idano 63647	· · · · · · · · · · · · · · · · · · ·
6. Future effective date of filir	ng (optional):	
Signature of a manager, me person.		
Signature Kenta U	Secretary	of State use only
Typed Name: Kenton Walker, Or	ganizer	
Signature	100	NO SECRETARY OF STATE
Typed Name:	12/16/2011	
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