



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 DEC 30 AM 9:03

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Lundquist and Cooke LLC

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

720 West Broadway Idaho Falls, ID 83402

(Street Address)

(Mailing Address, if different than street address)

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

Brett Cooke

50 East Wallace Driggs, ID 83422

(Name)

(Street Address)

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

Name

Address

Brett Cooke

50 East Wallace Driggs, ID 83422

Kimber Lundquist

P.O. Box 319 Victor, ID 83455

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

720 West Broadway Idaho Falls, ID 83402

6. Future effective date of filing (optional): _____

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Brett Cooke
Typed Name: Brett Cooke

Signature Kimber Lundquist
Typed Name: Kimber Lundquist

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
12/30/2009 05:00
CK: 1090 CT: 218235 BH: 1201103
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