

Signature ____

Typed Name: ____

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 APR 11 AM 8: 42

SECRE RY OF STATE STATE OF IDAHO

. The name of the limited liability of	company is: STATE OF IDAL
A	Ascent Enterprises, LLC
. The complete street and mailing a	addresses of the initial designated/principal office:
780 Wooton Way, Blackfoot, Idaho 832	
(Street Address)	
(Mailing Address, if different than street address)
3. The name and complete street ad	dress of the registered agent:
N. Paul Rogers	780 Wooton Way, Blackfoot, Idaho 83221
(Name)	(Street Address)
. The name and address of at least company:	one member or manager of the limited liability
<u>Name</u>	Address
N. Paul Rogers - President	780 Wooton Way, Blackfoot, Idaho 83221
. Mailing address for future correspo	ondence (annual report notices):
780 Wooton Way, Blackfoot, Idaho 832	
Future effective date of filing (option	onal):
gnature of a manager, member o	or authorized
gnature 1 Paul Rogers	Secretary of State use only

IDAHO SECRETARY OF STATE

94/11/2011 95:00

CK: 823 CT: 257646 BH: 1268605
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