



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 JAN -3 AM 8:46

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

~~Microchips, LLC~~ MICROCHIPS, LLC

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

265 Ash Street North Twin Falls, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

Mark Melni

(Name)

265 Ash Street North 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

MARK MELNI

265 Ash St North, Twin Falls, ID 83301

MARY MELNI

265 Ash St. North, Twin Falls, ID 83301

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

265 Ash St. N. TWIN FALLS, ID 83301

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: MARK C. MELNI

Signature _____

Typed Name: _____

Secretary of State use only

W132783

IDAHO SECRETARY OF STATE
01/03/2014 05:00
CX: 16118 CT: 291275 BH: 1404101
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