

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

N 10 OCT 13 AM 8: STATE
OF IDAHO

	(Instructions on back	of application)	SECRETATE OF IDAHO
1.	The name of the limited liability cor	mpany is:	STAIL
		M2I Leasing L.L.C.	
2.	The complete street and mailing ad 416 East Oneida Preston ID 83263	dresses of the initial	designated/principal office:
	(Street Address) PO Box 104 Preston ID 83263 (Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Virginia Flippence	416 East Oneida Prest	on ID 83263
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	Name	•	Address
	Scott Flippence	140 E 500 N Mendon,	UT 84325
5.	Mailing address for future corresponded PO Box 104 Preston ID 83263	ndence (annual repor	t notices):
6.	Future effective date of filing (option	nal):	
_	nature of a manager, member or son.	authorized	
•			Secretary of State use only
	ped Name: Scott Flippence		
УŞ	Jou Haille. South hypothol		
Sig	nature		IDAHO SECRETARY OF STATE 10/13/2010 05:00
Тур	oed Name:		CK: 178 CT: 251955 BH: 1242783 1 9 180.80 = 188.80 ORGAN LLC # 8

1 9 100.00 = 108.00 ORGAN LLC # 2

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