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CERTIFICATE OF ORGANIZATION **LED EFFECTIVE**
LIMITED LIABILITY COMPANY **2015 APR -3 PM 2:30**

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Grade IV LLC

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

296 W. 320 N. Blackfoot, Idaho 83221.

(Street Address)

Po Box 946 Blackfoot, Idaho 83221

(Mailing Address, if different than street address)

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

Bryce C. Lloyd

(Name)

285 N. W. Main St. Blackfoot, Idaho 3221.

(Street Address)

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

Name

Brandon Pieper

Address

Po Box 946 Blackfoot, Idaho 83221

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

Po Box 946 Blackfoot, Idaho 83221.

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Brandon Pieper

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

04/03/2015 05:00

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