



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

10 FEB -2 AM 10:25

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Best Choice Around LLC

2. The complete street address, and mailing address if different, of the initial designated/
-
- principal office:

429 North 5th West, Saint Anthony, Idaho 83445

3. The name of the commercial registered agent; or the name and complete street
-
- address of the non-commercial registered agent:

National Registered Agents, Inc. 1423 Tyrell Lane Boise, ID 83706 County of Ada

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

Name**Address**

David P. Hunter

429 North 5th West, Saint Anthony, Idaho 83445

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

c/o: 429 North 5th West, Saint Anthony, Idaho 83445

6. Future effective date of filing (optional):

Signature of an organizer(s). (An organizer is a member,
or is acting in behalf of a required, and existing, initial member
or members).

Signature Karmelia FredrickTyped Name: Karmelia Fredrick, Legalzoom.com, Inc.

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2006

IDAHO SECRETARY OF STATE
02/02/2010 05:00
CK: 411462 CT: 167623 BH: 1206205
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