

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

08 JUL 10 AM 8:50

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

1.	The name of the limited liability comp	oany is:		STATE OF IDAHO
	RA	IN MAKER,	rrc	•
2.	ne complete street address, and mailing address if different, of the initial designated/incipal office:			
	911 SOUTH 700 V	VEST, BURI	EY, IDAHO	83318
3.	The name of the commercial registere address of the non-commercial register	ed agent; cered agent	or the nan	ne and complete street
	WAYNE ANDERSEN 911 SC	OUTH 700 W	EST BURL	EY, IDAHO 83318
4.	The name and address of at least one company:	e member	or manag	er of the limited liability
	Name			Address
	WAYNE ANDERSEN	911 SOUTH 700 WEST, BURLEY, IDAHO 83318		
	RONDA ANDERSEN	911 SOUTH 700 WEST, BURLEY, IDAHO 83318		
		<del> </del>	·	
5.	Mailing address for future corresponde			
6.	Future effective date of filing (optional)	):		
or is	nature of an organizer(s). (An organizer is acting in behalf of a required, and existing, init	a member, tial member		
	embers). nature <u>Wayne C. Auffa</u>	sa-	org Be.PMD	Secretary of State use only
Тур	ed Name: WAYNE ANDERSEN	·	Pylomalulic formations on Br.PMD Revised 07/2008	IDAHO SECRETARY OF STATE 07/10/2008 05:0
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Тур	ed Name:		O SE	

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