

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2012 OCT 31 SECRETARY	
SECRETARY STATE OF	୍ <sup>ୟଧ</sup> ୍ୟ: 43
STATE OF	UF STATE

_	(Instructions on bac	STATE OF NAME
The name of	the limited liability co	ompany is: $\frac{STATE}{STATE} \frac{ARY}{OF} \frac{OF}{IDAHO} \frac{STATE}{OF}$
3BM LLC		
	street and mailing a gontown Avenue	addresses of the initial designated office:
(Street Address) Kuna, 1D 83634 (Mailing Address, if	4 I different than street address	<b>)</b>
. The name and	d complete street ad	Idress of the registered agent:
James Hallings	shead	443 South Wagontown Avenue, Kuna, ID 83634
(Name)		(Street Address)
I. The name and company:	d address of at least	t one member or manager of the limited liability  Address
James Robert	<del></del>	443 South Wagontown Avenue, Kuna, ID 83634
	ess for future correst Igontown Avenue, Kuna,	oondence (annual report notices): , ID 83634
443 South Wa		, ID 83634
443 South Wa  6. Future effecti	igontown Avenue, Kuna,	tional):
443 South War 6. Future effecti Signature of a reperson.	igontown Avenue, Kuna,	tional):
443 South War 6. Future effecti Signature of a reperson.	igontown Avenue, Kuna,	tional): or authorized  Secretary of State use only
443 South War 6. Future effections Signature of a reperson. Signature	ive date of filing (opt	tional):  or authorized  Secretary of State use only

9/21/2012

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