

251

**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

FILED EFFECTIVE

2014 MAY 13 AM 11:06

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

DISSIMILAR ASCENT LLC

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

1945 STORER ST. APT 3 IDAHO FALLS, ID 83402

(Street Address)

(Mailing Address, if different than street address)

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

ZAKARY W HANEY

(Name)

1945 STORER ST. APT 3 IDAHO FALLS, ID 83402

(Street Address)

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

NameAddressZAKARY W HANEY1945 STORER ST. APT 3 IDAHO FALLS, ID 83402

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

1945 STORER ST. APT 3 IDAHO FALLS, ID 83402

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: ZAKARY W HANEY

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

05/13/2014 05:00

CK:1885794 CT:172099 BH:1424574
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