

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

	(Instructions on back	2014 JAN -9 AM 8: 53	
1.	The name of the limited liability cor	STATE OF THE STATE	
2.			
3.	The name and complete street addr	dress of the registered agent:	
	David S.Troy (Name)	2794 Highway 95, Genesee ID 83832 (Street Address)	
4.	The name and address of at least of company: Name David S. Troy	one member or manager of the limited liability Address 2794 Highway 95, Gensee ID 83832	
5.	Mailing address for future correspon 2794 Highway 95, Gensee ID 83832	ndence (annual report notices):	
6.	Future effective date of filing (options	nal):	
Sigr pers	nature of a member or on.	authorized Secretary of State use only	
_	ed Name: David S. Troy	W133003	
Sign Type	atureed Name:	IDAHO SECRETARY OF STATE #1/09/2014 05:00 CK: 3461 CT: 116 BH: 1405148 1 0 100.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2

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9/21/2012