

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

12 MAY 22 AM 8:48

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Shema, LLC

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

195 River Vista Place, Ste. 306, Twin Falls, ID 83301

(Street Address)

P.O. Box 5055, Twin Falls, ID 83303-5055

(Mailing Address, if different than street address)

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

Jeffrey E. Rolig

(Name)

195 River Vista Pl., Ste. 306, Twin Falls, ID 83303

(Street Address)

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

Name**Address**

David L. Harvey

P.O. Box 5055 Twin Falls, ID 83303

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

P.O. Box 5055 Twin Falls, ID 83303

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: David L. Harvey

Signature

Typed Name:

Secretary of State use only

 IDAHO SECRETARY OF STATE
 05/22/2012 05:00
 CK: 9851 CT: 142512 BH: 1325243
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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