



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

10 JUL 12 AM 8:58

1. The name of the limited liability company is:

Olsen Organization LLC

SECRETARY OF STATE
STATE OF IDAHO

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

309 E. Ash St., New Plymouth, ID 83655

(Street Address)

PO Box 54, New Plymouth, ID 83655

(Mailing Address, if different than street address)

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

John H. Olsen

(Name)

309 E. Ash St., New Plymouth, ID 83655

(Street Address)

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

Name

Address

John H. Olsen

309 E. Ash St., New Plymouth, ID 83655

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

PO Box 54, New Plymouth, ID 83655

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature John H. Olsen

Typed Name: John H. Olsen

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
07/12/2010 05:00
CK: 202192351251 CT: 234219 BH: 1230200
1 @ 100.00 = 100.00 ORGAN LLC #

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