



# CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 OCT -3 AM 8:55

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Equine Fluid Motion, LLC

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

35 North Baker Road, Salmon Idaho 83467

(Street Address)

(Mailing Address, if different than street address)

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

Stefani Spencer

(Name)

35 North Baker Road, Salmon, Idaho 83467

(Street Address)

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

Name

Address

Stefani Spencer

35 North Baker Road, Salmon Idaho 83467

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

35 North Baker Road, Salmon Idaho 83467

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Stefani Spencer

Typed Name: Stefani Spencer

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
10/03/2013 05:00  
CK: 1141 CT: 258858 BM: 1392623  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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