



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

08 AUG -4 PM 1:32

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

L M Walling, LLC

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

12907 W. Pinyon Court

(Street Address)

Boise, Idaho 83713

(Mailing Address, if different than street address)

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

Linda M. Walling

(Name)

12947 W. Pinyon Court, Boise, Idaho 83713

(Street Address)

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

Name

Address

Linda M. Walling

12947 W. Pinyon Court, Boise, Idaho 83713

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

12947 W. Pinyon Court, Boise, Idaho 83713

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Linda M. Walling
Typed Name: Linda M. Walling

Signature _____
Typed Name: _____

Secretary of State use only

W76636

IDAHO SECRETARY OF STATE
08/04/2008 05:00
CK: 2381 CT: 228525 BH: 1138196
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