



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2011 OCT 17 PM 1:39

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Eragon, LLC

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

1101 W. River St., Suite 170, Boise, ID 83702

(Street Address)

(Mailing Address, if different than street address)

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

Stephen V. Nelson

(Name)

1101 W. River St., Ste 170, Boise, ID 83702

(Street Address)

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

Name

Address

Stephen V. Nelson

1101 W. River St., Ste 170, Boise, ID 83702

Ronald O. Nelson

1101 W. River St., Ste 170, Boise ID 83702

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

1101 W. River St., Suite 170, Boise, ID 83702

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

Signature of a manager, member or authorized person.

Signature

Stephen V. Nelson

Typed Name: Stephen V. Nelson

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/17/2011 05:00
CK: CASH CT: 263348 BH: 1294481
1 @ 100.00 = 100.00 ORGAN LLC # 2

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