251

FILED EFFECTIVE



## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 APR 20 PH 4: 15

1. The name of the limited lial	SEURL FARY OF STATE  bility company is: STATE OF IDAHO
1. The hance of the minted has	GFI Services LLC
A TI 14 (	
-	ailing addresses of the initial designated office:
410 W Broadway, Idaho Falls, I (Street Address)	D 83402
PO Box 51255, Idaho Falls, ID	
(Mailing Address, if different than street	t address)
<ol><li>The name and complete str</li></ol>	reet address of the registered agent:
Jed Campbell	410 W Broadway, Idaho Falls, ID 83402
(Name)	(Street Address)
The name and address of a company:	at least one member or manager of the limited liability
<u>Name</u>	<u>Address</u>
Jennifer Campbell	410 W Broadway, Idaho Falls, ID 83402
Jed Campbell	410 W Broadway, Idaho Falls, ID 83402
•	orrespondence (annual report notices):
PO Box 51255, Idaho Falls, ID	83405
6. Future effective date of filin	g (optional):
Signature of a manager, mei	mber or authorized
person.	Secretary of State use only
Signature /w/ far	The state of the s
Typed Name: Jee Campbel	
Typod Hamo.	
Signature	
Typed Name:	
rypou Hairo.	
	TDANO SECRETARY OF STATE

04/20/2012 05:00 CK: 979334 CT: 172999 BH: 1328626 1 2 100.00 = 100.00 ORGAN LLC # 2

