

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY 2010 JUN -3 AM 10: 19

(msauctions on ba	SHERFIART UP STATE
1. The name of the limited liability of	STATE HE HIGHD
	c Products Service LLC
2. The complete street and mailing	addresses of the initial designated/principal office:
572 EIK Rd Movie :	prings, ID 83845 (Note: This is now 911 addres)
(Street Address)  P.D. Box 428 Movie So (Malling Address, if different than street address	nings, 1D 83845
3. The name and complete street ac	
Lisa Anale	572 EIK Rd Monie Paras 10 83845
(Name)	572 EIK Rd Movie Springs, ID 83845 (Street Address) (physical not mailing)
The name and address of at leas company:	t one member or manager of the limited liability
Name	Address
Lisa Angle	572 EIKRD Moyie Springs, 10 83845
James J Angle	
J	
5. Mailing address for future corresp	ondence (annual report notices):
Lisa Angle P.O. Box 40	18 Mayie Springs, 10 83845
<i>J</i> •	
6. Future effective date of filing (opt	onal):
Signature of organizer(s). (An organizer	s a member, or is
acting in behalf of a member or members).	Secretary of State use only
Signature Lisa and	Socially of State and Unity
Typed Name: Lisa Amale	IDAHO SECRETARY OF STATE  900  100  100  100  100  100  100  10
The state of the s	treating 800
Signature 2 me O	IDAHO SECRETARY OF STATE 96/03/2010 05:00
Typed Name:	CK: 266 CT: 248585 BH: 1225998