



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

10 MAR 12 AM 8:40
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

NOVAYX GROUP, LLC

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

1275 CABIN COVE, IDAHO FALLS, IDAHO 83404

(Street Address)

(Mailing Address, if different than street address)

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

JEFFERY L. SAYER

(Name)

1275 CABIN COVE, IDAHO FALLS, IDAHO 83404

(Street Address)

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

Name

JEFFERY L. SAYER, MANAGER

Address

1275 CABIN COVE, IDAHO FALLS, IDAHO 83404

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

CALLISTER NEBEKER & McCULLOUGH 2180 S. 1300 E., # 600, SALT LAKE CITY, UT 84108

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 _____

Typed Name: JEFFERY L. SAYER, MANAGER

Secretary of State use only

Signature _____

Typed Name: _____

PrintedNameLLC Form1010-09-02
Rev01/09/2009

IDAHO SECRETARY OF STATE
03/12/2012 05:00
CK: 106056 CT: 84334 BH: 1212372
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