## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2013 MAY 30 PM 3: 59

TED	(Instructions o	n back of application)	SECRETARY OF STATE
1. The nan	ne of the limited liabi	lity company is:	SECRETARY OF STATE STATE OF IDAHO
	amily Holdings, LLC		
	nplete street and mai	ling addresses of the initial de	esignated office:
	dress) alls, IO 83401 ddress, if different than street a	ddress)	
		et address of the registered a	gent:
Hal Ben	nett	2050 N. Haroldsen Dr., Idaho Falls, ID 83401	
(Name)		(Street Address)	
4. The nan		least one member or manage	er of the limited liability
	<u>Name</u>		Address
vvooaru	ff D. Smith	2050 N. Haroldsen Dr., Idaho Falls, ID 83401	
5. Mailing a		respondence (annual report	notices):
6. Future e	ffective date of filing	(optional):	
Signature o	f a manager, mem	per or authorized	
person. 	BAMILE	011	Secretary of State use only
Signature $\underline{m U}$	manden	wry	
Typed Name	Woodruff D. Smith		
Signature			IDAHO SECRETARY OF STATE 05/30/2013 05:00
Typed Name	);		CK: 1420026 CT: 172099 BH: 13768

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