



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

11 SEP 28 AM 8:53

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Teton Memory, LLC

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

3270 East 17th Street # 209

(Street Address)

Same as above

(Mailing Address, if different than street address)

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

Elyse Powell

(Name)

3270 East 17th Street #209

(Street Address)

Ammon ID 83406

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

Name

Address

Elyse Powell

5892 Pheasant Drive, Ammon, Idaho 83406

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

3270 East 17th Street #209

Ammon ID 83406

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Elyse Powell

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
09/28/2011 05:00
CK: 1691 CT: 262827 BH: 1292183
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