



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 MAR 19 AM 9:16

1. The name of the limited liability company is:

B bar L, LLC

SECRETARY OF STATE
STATE OF IDAHO

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

3291 West Highway 52 Emmett ID 83617

(Street Address)

(Mailing Address, if different than street address)

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

Jacob Bigelow

(Name)

3291 West Hwy 52 Emmett, ID

(Street Address)

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

Name

Address

Jacob Bigelow

3291 West Hwy 52 Emmett, ID

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

3291 West Hwy 52 Emmett, ID 83617

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

Signature of a manager, member or authorized person.

Signature Jacob Bigelow
Typed Name: Jacob L Bigelow

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/19/2012 05:00
CK: 1421 CT: 268305 BH: 1315753
1 @ 100.00 = 100.00 ORGAN LLC # 2

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