



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2014 MAY -5 AM 9:51

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Alpha One L.C.

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

1579 N 750 E SHELLEY IDAHO 83274

(Street Address)

(Mailing Address, if different than street address)

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

Dallin Jolley

(Name)

1579 N 750 E SHELLEY IDAHO 83274

(Street Address)

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

Name

Address

Dallin Jolley

1579 N 750 E SHELLEY IDAHO 83274

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

1579 N 750 E SHELLEY IDAHO 83274

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: Dallin Jolley

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

05/06/2014 05:00

CK:278 CT:296545 BH:1423552

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