



CERTIFICATE OF ORGANIZATION **FILED EFFECTIVE** **LIMITED LIABILITY COMPANY** **08 NOV 17 AM 9:46**

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

S n R P, LLC

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

204 W 100 N, Jerome, ID 83338

(Street Address)

PO Box 395, Jerome, ID 83338

(Mailing Address, if different than street address)

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

Dirk V. Clarkson

(Name)

204 W 100 N, Jerome, ID 83338

(Street Address)

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

Name

Address

Dirk V. Clarkson

204 W 100 N, Jerome, ID 83338

Becky J. Clarkson

204 W 100 N, Jerome, ID 83338

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

PO Box 395, Jerome, ID 83338

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: Dirk V. Clarkson

Signature

Typed Name: Becky J. Clarkson

Secretary of State use only

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IDAHO SECRETARY OF STATE
11/17/2008 05:00
 CK: 9734 CT: 138316 BH: 1144698
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