



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

11 MAY 13 AM 8:32

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Float-Center LLC

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

551 Alturas Dr. N., Twin Falls, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

Rebecca A. Paice

(Name)

551 Alturas Dr. N., Twin Falls, ID 83301

(Street Address)

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

Name

Address

Rebecca A. Paice

551 Alturas Dr. N., Twin Falls, ID 83301

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

551 Alturas Dr. N., Twin Falls, ID 83301

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Jeffrey E. Rolig, Attorney

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
05/13/2011 05:00
CK: 9079 CT: 142512 BH: 1273523
1 @ 100.00 = 100.00 ORGAN LLC # 2

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