



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application) 2013 DEC 30 AM 9:32

1. The name of the limited liability company is:

APM RETIREMENT PLAN, LLC

SECRETARY OF STATE
STATE OF IDAHO

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

3502 N. 3000 E. Twin Falls, Idaho 83301

(Street Address)

PO Box 1785 Twin Falls, Idaho 83303

(Mailing Address, if different than street address)

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

Mitch R. Campbell

(Name)

3502 N. 3000 E. Twin Falls, Idaho 83301

(Street Address)

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

Name

Mitch R. Campbell

Address

PO Box 1785 Twin Falls, Idaho 83303

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

PO Box 1785 Twin Falls, Idaho 83303

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

Signature of a manager, member or authorized person.

Signature

Mitch R. Campbell

Typed Name: Mitch R. Campbell

Secretary of State use only

Signature _____

Typed Name: _____

W132611

IDAHO SECRETARY OF STATE

12/31/2013 05:00

CK: 1831 CT: 147106 BM: 1403666

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