



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

08 OCT -2 AM 8:30

**SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the limited liability company is:

Eckard Motion Tables, LLC

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

188 West Sixth Street, Fernwood, Idaho 83830

(Street Address)

P.O. Box 188, Fernwood, Idaho 83830

(Mailing Address, if different than street address)

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

Diane Eckard

(Name)

188 West Sixth Street, Fernwood, Idaho 83830

(Street Address)

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

Name

Address

Diane Eckard

188 West Sixth Street, Fernwood, Idaho 83830

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

P.O. Box 188, Fernwood, Idaho 83830

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 *Diane Eckard*

Typed Name: Diane Eckard

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
10/02/2008 05:00
CK: 7792 CT: 110414 BH: 1138459
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