

FILED EFFECTIVE

251



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2009 JAN -7 AM 11:18

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

TOM HEIDA, LLC

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

3492 SOUTH 1600 EAST, WENDELL, ID 83355

(Street Address)

(Mailing Address, if different than street address)

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

TOM HEIDA

(Name)

1745 East 4500 North, Buhl, ID 83316

(Street Address)

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

NameAddress

TOM HEIDA

1745 East 4500 North, Buhl, ID 83316

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

P.O. BOX 140 WENDELL, ID 83355

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 *Tom Heida*Typed Name: TOM HEIDA

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008IDAHO SECRETARY OF STATE
01/07/2009 05:00
CK: 186986 CT: 172099 BH: 1151194
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