



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 OCT 11 PM 4:39

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

NNL, LLC

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

Attn: Evelyn E. Grime, 1776 East State Street, Eagle, ID 83616

(Street Address)

(Mailing Address, if different than street address)

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

Evelyn E. Grime

(Name)

1776 East State Street, Eagle, ID 83616

(Street Address)

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

Name**Address**

Evelyn E. Grime

1776 East State Street, Eagle, ID 83616

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

Attn: Evelyn E. Grime, 1776 East State Street, Eagle, ID 83616

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Evelyn E. GrimeTyped Name: Evelyn E. Grime, Manager

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/12/2011 05:00
CK: NONE CT: 39360 BH: 1293817
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W107380