



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 DEC -9 AM 8:15

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

BENJAMIN R MOORE, MPT LLC

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

~~5 SOUTH 250 EAST DRIGGS, ID 83422~~

(Street Address)

2155 S. Stateline Rd., Driggs, ID

(Mailing Address, if different than street address)

83422

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

BENJAMIN R MOORE

(Name)

2155 S. Stateline Rd. Driggs, ID

~~5 SOUTH 250 EAST DRIGGS, ID 83422~~

(Street Address)

83422

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

Name

Address

BENJAMIN R MOORE

5 SOUTH 250 EAST DRIGGS, ID 83422

BETH MOORE

5 SOUTH 250 EAST DRIGGS, ID 83422

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

~~5 SOUTH 250 EAST DRIGGS, ID 83422~~

2155 S. Stateline Rd. Driggs, ID

83422

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Beth D Moore

Typed Name:

Beth D. Moore

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
12/09/2010 05:00
CK: 2035 CT: 253304 BN: 1250154
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