## FILED EFFECTIVE



## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 2010 FEB -4 PM 1: 54

	(Instructions on ba		STATE OF IDAHO
	The of the limited liability of $G + M$	110	
	plete street and mailing a	ddresses of the initial	designated/principal office:
(Street Add	dress, if different than street address)	dehu 83833	)_
	e and complete street add		
(Name)	a A. Cox		Strict Genere Incho 83832
4. The name company:	and address of at least o	one member or manag	er of the limited liability
Keit	Name  A. Cox	412 East C	Address LCStnut
			Idaho 83832
<del></del> (			
5. Mailing add	lress for future correspond East Chotout		. 19
	ctive date of filing (optiona	, –	1,2010
Signature of orga	anizer(s). (An organizer is a n member or members).	1ember, or is	
Signature	Exts C. Cog	GF/AD	Secretary of State use only
yped Name: _	Keith A.Cox	1007	≨
Signature		mail LC formston	IDAHO SECRETARY OF STATE 02/04/2010 05:00
Typed Name:		120 200	CK: 382163 CT: 172899 RM: 1282784

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