

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2009 OCT -5 AMII: 49

SECRETARY OF STATE

TT O	(Instructions on ba	ck of application)	STATE OF IDAHO
1. T	he name of the limited liability of	ompany is:	
_		Bills Brothers LLC	
2. TI	The complete street and mailing addresses of the initial designated/principal office:		
_		lboa, Idaho Falls, Idaho, 834	04
(Sireet Address)		
Ī	Mailing Address, if different than street address)	
). Th	The name and complete street address of the registered agent:		
_	Rodger Bills	2102 Balboa, id	aho Falis, idaho, 83404
7	Name)	(Street Address)	
	ne name and address of at least empany:	·	••••••••••••••••••••••••••••••••••••••
	Name Reduce Cille	Address	
-	Rodger Bills	2102 Balboa, Id	aho Falls, Idaho, 83404
_			
-			
			1 (K)
. Ma	ailing address for future correspo	•	•
_	2102 Ball	boa, Idaho Falls, Idaho, 8340	4
Fu	ture effective date of filing (option	unal):	
. , ,	tare enecave date of filing (optio	rially.	
gnatı	ure of organizer(s). (An organizer is	a member, or is	
ting in	behalf of a member or members).		Secretary of State use only
gnatu	ire /	Q.	and the your committee of the
_	Name: Gary L. Melkie	LC Scenebort, org. 12 PMC 872200-3	•
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/ped	Name:		though genderaby he grate