CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

12 FEB 13 AM 9: 45

FILED EFFECTIVE

| 1. | The name of the limited liability com | pany is: SECRETARY OF STATE |
|-----|--|-----------------------------------|
| | B & D RELICS & RESTORATION LLC | |
| 2. | . The complete street and mailing addresses of the initial designated office: 1569 STERLING POCATELLO, IDAHO 83202 (Street Address) (Mailing Address, if different than street address) | |
| | | |
| 3. | . The name and complete street address of the registered agent: | |
| | WILLIAM D WALL | 1569 STERLING P'OCATELLO 83202 |
| | (Name) | (Street Address) |
| 4. | The name and address of at least one member or manager of the limited liability company: | |
| | <u>Name</u> | <u>Address</u> |
| | WILLIAM D WALL | 1569 STERLING POCATELLO, ID 83202 |
| | DEBORAH WALL | 1569 STERLING POCATELLO, ID 83202 |
| | | |
| 5. | 5. Mailing address for future correspondence (annual report notices): | |
| | 14347 W CHUBBUCK RD POCATELLO, IDAHO 83202 | |
| 6. | 6. Future effective date of filing (optional): | |
| _ | nature of a manager, member or son. | authorized |
| Sig | nature Willia D. Wall, | Secretary of State use only |
| Typ | ped Name: WILLIAM D WALL | IDAHO SECRETARY OF STATE |
| Sia | nature Deland upl | 00/17/0019 05-00 |

W110994

Typed Name: DEBORAH WALL