

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 JAN 15 AM # 42

FILED EFFECTIVE

(Instructions on back of application)

The name of the limited liability company is: Pine Ridge Place LLC		SCORPER OF STATE OF S	
2. The complete street and mai	ling addresses of the init	tial designated office:	
794 Boyd Chubbuck (Street Address)			
(Mailing Address, if different than street a	ddress)		
3. The name and complete stre	et address of the registe	red agent:	
Rod Sparrow	794 Boyd, Chubbu	794 Boyd, Chubbuck, ID 83202	
(Name)	(Street Address)	(Street Address)	
The name and address of at company:	least one member or ma	anager of the limited liability	
Name Name		Address	
ZygoKinetics LLC	6410 N 6400 W, Newton, UT 84327		
5. Mailing address for future cor 6410 N 6400 W, Newton, UT 843		port notices):	
6. Future effective date of filing	(optional):		
Signature of a manager, members on	per or authorized		
person.		Secretary of State use only	
Signature			
Typed Name: Nephi Jones, Member	r, ZygoKinetics LL		
Signature		IDAHO SECRETARY OF STATE 01/15/2014 05:00	
Typed Name:		CK: 6886 CT; 291758 BH: 1486839	

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