

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 MAY 24 AM 9:06

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Ascend LLC

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

P.O. Box 50862, Idaho Falls ID 83405

(Street Address)

(Mailing Address, if different than street address)

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

Neil Harward

(Name)

2717 Mary Drive Idaho Falls ID

(Street Address)

83402

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

Name

Address

Neil Harward2717 Mary Drive Idaho Falls ID83402

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

P.O. Box 50862 Idaho Falls ID 83405

6. Future effective date of filing (optional): _____

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Neil HarwardTyped Name: NEIL HARWARD

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
05/24/2010 05:00
CK: 2323 CT: 248285 IN: 1223629
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