



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

**2015 APR 21 AM 9:37**

**SECRETARY OF STATE  
STATE OF IDAHO**

1. The name of the limited liability company is:

EMTransfer, LLC

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

835 W. State Street, Eagle, ID 83616

(Street Address)

(Mailing Address, if different than street address)

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

Robert M. Beams

(Name)

835 W. State Street, Eagle, ID 83616

(Street Address)

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

Name

Address

Robert M. Beams

835 W. State Street, Eagle, ID 83616

Sarah E. Smith

835 W. State Street, Eagle, ID 83616

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

835 W. State Street, Eagle, ID 83616

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: Robert M. Beams

Signature

Typed Name: Sarah E. Smith

Secretary of State use only  
IDAHO SECRETARY of State  
**04/21/2015 05:00**  
CK:1123 CT:309285 BH:1471951  
1@ 100.00 = 100.00 ORGAN LLC #2

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