



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 AUG 10 AM 8:46

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

FANGAR LLC

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

381 SHOUP AVE. SUITE 214

(Street Address)

IDAHO FALLS, ID 83402

(Mailing Address, if different than street address)

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

GARRICK P. MARTIN

(Name)

381 SHOUP AVE. SUITE 214

IDAHO FALLS, ID 83402

(Street Address)

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

Name

GARRICK P. MARTIN

Address

381 SHOUP AVE. #214

IDAHO FALLS, ID 83402

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

381 SHOUP AVE. #214 IDAHO FALLS, ID 83402

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

Typed Name: GARRICK P. MARTIN

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/10/2009 05:00
CK: 1194 CT: 239532 DH: 1102245
1 @ 100.00 = 100.00 ORGAN LLC # 2

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Revised 07/2008

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