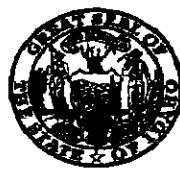


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FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2011 FEB - 1 PM 2: 12

(Instructions on back of application)

STATE OF IDAHO

1. The name of the limited liability company is:

Blueline Management, LLC

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

713 N Meridian Rd, Meridian, Idaho 83642

(Street Address)

PO Box 143, Star, Idaho 83669

(Mailing Address, if different than street address)

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

Entity Services, Inc.

1101 W River St, #340, Boise, ID 83702

(Name)

(Street Address)

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

NameAddress

Brett C Bartlett, Manager

PO Box 143, Star, Idaho 83669

Holly M Bartlett, Manager

PO Box 143, Star, Idaho 83669

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

PO Box 143, Star, Idaho 83669

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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Lance Churchill, Pres-Entity Services

Secretary of State use only

Signature _____

Typed Name: _____

IDAHO SECRETARY OF STATE
02/01/2011 05:00
CK: 597066 CT: 172099 BH: 1257996
1 @ 100.00 = 100.00 ORGAN LLC # 2

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