



## STATE OF IDAHO

*Office of the secretary of state, Lawerence Denney*  
**CERTIFICATE OF ORGANIZATION LIMITED  
LIABILITY COMPANY**

Idaho Secretary of State  
PO Box 83720  
Boise, ID 83720-0080  
(208) 334-2301  
Filing Fee: \$100.00

*For Office Use Only*

-FILED-

File #: 0004735725

Date Filed: 5/5/2022 10:03:14 AM

| <p>Certificate of Organization Limited Liability Company</p> <p>Select one: Standard, Expedited or Same Day Service (see descriptions below)      Standard (filing fee \$100)</p>   |                                      |                               |      |         |             |                                      |
|---|--------------------------------------|-------------------------------|------|---------|-------------|--------------------------------------|
| <p>1. Limited Liability Company Name</p> <p>Type of Limited Liability Company      Limited Liability Company</p> <p>Entity name      UNIMPOSING WALRUS LLC</p>  |                                      |                               |      |         |             |                                      |
| <p>2. The complete street address of the principal office is:</p> <p>Principal Office Address      749 ENGLEMAN ST<br/>REXBURG, ID 83440</p>  |                                      |                               |      |         |             |                                      |
| <p>3. The mailing address of the principal office is:</p> <p>Mailing Address      749 ENGLEMAN ST<br/>REXBURG, ID 83440-1861</p>  |                                      |                               |      |         |             |                                      |
| <p>4. Registered Agent Name and Address</p> <p>Registered Agent      Registered Agent<br/>TOM BALLARD<br/>Physical Address:<br/>749 ENGLEMAN ST<br/>REXBURG, ID 83440<br/>Mailing Address:<br/>749 ENGLEMAN ST<br/>REXBURG, ID 83440-1861</p> |                                      |                               |      |         |             |                                      |
| <p><input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.</p>   |                                      |                               |      |         |             |                                      |
| <p>5. Governors</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td>TOM BALLARD</td> <td>749 ENGLEMAN ST<br/>REXBURG, ID 83440</td> </tr> </tbody> </table>                                    |                                      |                               | Name | Address | TOM BALLARD | 749 ENGLEMAN ST<br>REXBURG, ID 83440 |
| Name  | Address                              |                               |      |         |             |                                      |
| TOM BALLARD   | 749 ENGLEMAN ST<br>REXBURG, ID 83440 |                               |      |         |             |                                      |
| <p>Signature of Organizer:</p> <p><b>TOM BALLARD</b></p>  |                                      |                               |      |         |             |                                      |
| <p>Sign Here</p>  |                                      | <p>05/05/2022</p> <p>Date</p> |      |         |             |                                      |