

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

12 JAN - 3 PM 2: 32

STATE OF IDAHO

. The name of the limited lia	bility company is:	STATE OF IDAHO
. The partie of the mines he	HFLH1, LLC	*.
. The complete street and made 462 E. Shore Drive, Suite 140,		itial designated office:
(Street Address) P. O. Box 140023 Boise, ID 83		
(Mailing Address, if different than street). The name and complete st		ered agent:
Gary W. Howard		grass Street, Meridian, ID 83646
(Name)	(Street Address)	
The name and address of a company:	at least one member or m	anager of the limited liability
<u>Name</u>		Address
Gary W. Howard	2341 E. Meadow	grass Street, Meridian, ID 83646
Nancy L. Howard	2341 E. Meadow	grass Street, Meridian, ID 83646
5. Mailing address for future 462 E. Shore Drive, Suite 140,		report notices):
6. Future effective date of filing	ng (optional):	
Signature of a manager, mederson.	ember or authorized	
Signature Manay L	Howard	Secretary of State use only
Typed Name: Nancy L. Howard		IDAHO SECRETARY OF STATE @1/03/2012 @5:00 CK: 6768 CT: 188987 BH: 1384249
Signature		1 0 100.00 = 100.00 ORGAN LLC N 2
Typed Name:	·	

W109684