

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

12 MAY -2 AM 9: 0

The name of the limited liability company is:		SECRETARY OF S STALE OF IDA	
	B.I.T.E., LLC		
 The complete street and ma 8122 BENNETT ROAD, NAMPA 	ailing addresses of the initial designa A, ID 83686	ited office:	
(Street Address)			
(Mailing Address, if different than street	address)	<u> </u>	
3. The name and complete str	eet address of the registered agent:		
MARK OWEN		8122 BENNETT ROAD, NAMPA, ID 83686 (Street Address)	
(Name)	(Street Address)		
The name and address of a company:	t least one member or manager of th	ne limited liability	
<u>Name</u>		<u>Address</u>	
MARK OWEN	8122 BENNETT ROAD, NAMP	A, ID 83686	
. Mailing address for future co	orrespondence (annual report notice	es):	
8122 BENNETT ROAD, NAMPA	A, ID 83686		
5. Future effective date of filing	g (optional):	<u></u>	
ignature of a manager, mer erson.	nber or authorized		
ignature MWCh	Seco	retary of State use only	
yped Name: MARK OWEN	· · · · · · · · · · · · · · · · · · ·		
ignature		IDAHO SECRETARY OF STATE	
vped Name:		5/02/2012 05:00	

05/02/2012 05:00 CK: 1341 CT: 269956 BH: 1322390 1 0 100.00 = 100.00 GRGAN LLC # 2