



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE
11 MAR 11 AM 11:57

(Instructions on back of application)

 SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Black Swan Recovery, LLC

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

808 Pancheri, Idaho Falls, ID 83402

(Street Address)

(Mailing Address, if different than street address)

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

Bryninn T. Erickson

(Name)

500 K Street, Idaho Falls, ID 83402

(Street Address)

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

Name
Address

Ty B. Erickson, Manager

3049 E. Hiddenwood Dr., Sande, UT 84092

Bryninn T. Erickson, Manager

500 K Street, Idaho Falls, ID 83402

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

500 K Street, Idaho Falls, ID 83402

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Bryninn T. Erickson, Manager

Signature

Typed Name:

Secretary of State use only

 IDAHO SECRETARY OF STATE
03/11/2011 05:00
CK: 626946 CT: 172099 BH: 1263935
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