



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

10 SEP 22 AM 8:37

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ULENE VANORDEN, LLC

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

682 SOUTH 1400 WEST PINGREE, ID 83262

(Street Address)

(Mailing Address, if different than street address)

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

ULENE VANORDEN

(Name)

682 SOUTH 1400 WEST PINGREE, ID 83262

(Street Address)

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

Name

Address

ULENE VANORDEN

682 SOUTH 1400 WEST PINGREE, ID 83262

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

682 SOUTH 1400 WEST PINGREE, ID 83262

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

Signature of a manager, member or authorized person.

Signature *Ulene Van Orden*

Typed Name: ULENE VANORDEN

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
09/22/2010 05:00
CK: 26964 CT: 251439 DH: 1239915
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W96570