

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 SEP 23 AM 11: 03

(Instructions on back of application) 1. The name of the limited liability company is: Teton Gravei LLC The complete street and mailing addresses of the initial designated office: 2180 N. Deborah Dr. Idaho Falls, ID 83401 (Street Address) (Mailing Address, if different than street address) The name and complete street address of the registered agent: **Brent Johnson** 6030 S. 45th East, Idaho Falls, ID 83406 (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name **Address** Curtis Johnson 4220 E Roy Circle, Idaho Falls, ID 83401 **Brent Johnson** 6030 S 45th E, Idaho Falls, ID 83406 Mailing address for future correspondence (annual report notices): 2180 N. Deborah Dr, Idaho Falls, ID 83401 Future effective date of filing (optional): Signature of a manager, member or authorized person. Secretary of State use only

IDAHO SECRETARY OF STATE 09/23/2014 05:00

CK:3181 CT:301416 BH:1442416 1@ 100.00 = 100.00 ORGAN LLC #2 $10\ 20.00 = 20.00 \text{ EXPEDITE C #3}$

W142379

Signature

Typed Name: Brent Johnson

Signature

Typed Name: Curtis Johnson