

Signature\_

Typed Name:

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

09 NOV 30 AM 8: 32

(Instructions on back of application)

SECRETARY	OF STATE
STATE OF	IDAHO

The name of the limited liability	company is: SEUNE IARY OF STATE STATE OF IDAHO
Kra	ause & Jensen Properties LLC.
The complete street and mailing	addresses of the initial designated/principal office:
	entennial St., Blackfoot ID. 83221
(Street Address)	
(Mailing Address, if different than street addre	188)
The name and complete street a	address of the registered agent:
Kim V. Jensen	340 Centennial St., Blackfoot ID. 83221
(Name)	(Street Address)
The name and address of at lea company:	ast one member or manager of the limited liability
Name	Address
Kim V. Jensen	340 Centennial St., Blackfoot ID. 83221
· · · · · · · · · · · · · · · · · · ·	
•	spondence (annual report notices):
340 Cc	entennial St., Blackfoot ID. 83221
	· · · · · · · · · · · · · · · · · · ·
Future effective date of filing (op	otional):
· ·	
nature of organizer(s). (An organize	
ng in behalf of a member or members).	Secretary of State use only
nature Simon ansan	en CM-4-2
ped Name: Kim V. Jense	en g
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