FILED EFFECTIVE



Printed Name: Carlee Nicole Francis

Rev. 11/2015

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2017 JUN 21 PM 4: 06

SECRETARY OF STATE STATE OF IDAHO

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

| Complete and submit the application in <u>duplicate</u> . | | |
|--|--|---|
| The name of the limited liabil | ity company is: | |
| ELEVATION MANAGEMENT | T, LLC | |
| (Remember to include the we | ords "Limited Liability Company," | "Limited Company," or the abbreviations L.L.C., LLC, or LC) |
| The complete street and mal | | ncipal office is: |
| 400 W. Poleline Rd., Rexbur | g, Idaho 83440 | |
| (Mailing Address, if different) | | |
| The name of the registered a | gent and street address | of the registered agent: |
| Paul McKay Francis | ancis 400 W. Poleline Rd., Rexburg, Idaho 83440 | |
| Name) | (Address cannot be a post office box or postal mail box) | |
| The many and address of the | | |
| The name and address of at I | | |
| Paul McKay Francis | 400 W. Poleline | e Rd., Rexburg, Idaho 83440 |
| (Name) | (Address) | |
| Mailing address for future cor | respondence (annual rep | port notices): |
| 400 W. Poleline Rd., Rexburg | 3, Idano 83440 | |
| | | |
| iture of organizer(s). | | |
| iture: | | Secretary of State use only |
| David Service Committee Co | | IDAHO SECRETARY OF STATE |
| ed Name: Paul McKay Francis | | 06/22/2017 05:00 |
| Whi Al world | 46 | CK:13696892 CT:172099 BH:1590140 |
| ture: Mucy //// | | 16 100.00 = 100.00 ORGAN LLC #2 |
| 1 4 6 1 | | 10 20.00 = 20.00 EXPEDITE C #3 |