



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2013 MAY 14 AM 8:38

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

PATRICK & SONS LLC.

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

1850 POLE CREEK ROAD COUNCIL ID 83612
(Street Address)PO Box 817 COUNCIL ID 83612
(Mailing Address, if different than street address)

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

ROBERT O PATRICK
(Name)1850 POLE CREEK ROAD COUNCIL ID
(Street Address) 83612

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

NameAddressROBERT O PATRICK PO Box 817 COUNCIL ID 83612

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

PO Box 817 COUNCIL ID 83612

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

Signature of a manager, member or authorized person.

Signature [Signature]
Typed Name: ROBERT O PATRICK

Signature [Signature]
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
05/14/2013 05:00
CK: 2306 CT: 203155 BH: 1373000
1 @ 100.00 = 100.00 ORGAN LLC # 2

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