

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

11 JAN 10 AM 8: 35

| 1. | The name of the limited liability company is: | | SECRETARY OF STATE STATE OF IDAHO |
|---|---|--------------------------|---|
| Advanced Solutions Expre | | ed Solutions Express LLC | STATE OF IDAHO |
| 2. | The complete street and mailing addresses of the initial designated/principal office: 736 E. 5th St. Burley, Id. 83318 (Street Address) | | |
| | (Mailing Address, if different than street address) | | |
| 3. | | | |
| | Darrell Ross 736 E. 5th St. Burley, Id. 83318 (Name) (Street Address) | | 318 |
| 4. | he name and address of at least one member or manager of the limited liability ompany: Name Address | | |
| | Jay Greenwalt 1921 20th St. Heyburn, ld. 83336 | | |
| | | | |
| 5. Mailing address for future correspondence (annual report notices): 736 E. 5th St. Burley, Id. 83318 | | | |
| 6. Future effective date of filing (optional): | | | |
| _ | nature of a manager, member or son. | authorized | Secretary of State use only |
| Sia | nature WX | | |
| Тур | ped Name: Darrell Ross | CK: | IDAHO SECRETARY OF STATE 21/10/2011 05:00 58/57196839 CT: 254189 BH: 1254638 8 100.00 = 180.00 OKGAN LLC # 2 |
| | nature ped Name: | | |
| ' yh | | | W99484 |

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