

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 APR 29 AM 9: 28

(Instructions on back of application)

SECRETARY OF STATE

1.	The name of the limited liability company i	= IDAHO			
	Savior	r, LLC			
2.	The complete street and mailing addresses of the initial designated/principal office:				
	5460 S Kalmia PI, Boise, ID 83716				
	(Street Address)				
	(Mailing Address, if different than street address)				
3.	The name and complete street address of t	he registered a	agent:		
	Brett Olson	5460 S Kalmia PI, Boise, ID 83716			
	(Name) (Street	Address)			
4.	The name and address of at least one mem company:	nber or manage		liability	
	Name	5400 O Kolmi	Address	740	
	Brett Olson	5460 5 Kaimi	ia PI, Boise, ID 83	10	
		<u> </u>	··		
		<u> </u>		a and industry determined	
5.	Mailing address for future correspondence	(annual report	notices):		
	5460 S Kalmia PI,	Boise, ID 83716		· · · · · · · · · · · · · · · · · · ·	
6.	Future effective date of filing (optional):				
			1.	e de la companya de l	
_	nature of organizer(s). (An organizer is a member	r, or is			
acti	ng in behalf of a member or members).		Secretary of State	use only	
Sio	nature But a	C.PMD	•		
Typed Name: Brett Olson					
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