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CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 2012 OCT -1 AM 10: 00

	(Instructions on ba	ck of application)	SECRETARY OF STATE STATE OF IDAHO
1. The nam	e of the limited liability o	ompany is:	O WILL OL HIMNU
CGF Gro	oup, L.L.C.		
2. The com	plete street and mailing a	addresses of the initial	designated office:
1388 Cla	rence Drive		
(Street Add	ress) Ils, ID 83402		
	dress, if different than street address)	
3. The nam	The name and complete street address of the registered agent:		
Brian Fe	lt	14068 N. 175th E., R	lirie, ID 83443
(Name)		(Street Address)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Gary Fol		1388 Clarence Drive, Idaho Falls, ID 83402	
Charleen Felt		Same	
			
_	ddress for future corresp	,	ort notices):
1300 Cla	rence Drive, Idaho Falls, ID 8	3402	······································
6. Future et	fective date of filing (opti	onal): October 1, 2012	
•	3 (op :		
Signature of	f a manager, member	or authorized	
person.			Secretary of State use only
	/		•
Signature	Word Felt	•	
	Gary G. Felt	<u> </u>	
	Gary G. Felt		
Typed Name	Gary G. Felt		
Typed Name Signature			IDAHO SECRETARY OF STAT

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