

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

	CERTIFICATE OF CUMITED LIABILI			2013 MIL 3
1	(Instructions on bac	k of application	n)	The Mr.
1.	The name of the limited liability company is:			
	Atova Processing, LLC			
2.	The complete street and mailing addresses of the initial designated office:			
	776 Riverside Drive, Suite 200			
	(Street Address) Eagle, ID 83616 (Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Stephen Barbey	776 Riversid	e Drive, Suite 200 Ea	gle, ID 83616
	(Name)	(Street Address	s)	SERVICE 1 1 2
4.	The name and address of at least one member or manager of the limited liability company:			
	<u>Name</u>	<u>Address</u>		
	Stephen Barbey	776 Riverside Drive, Suite 200 Eagle, ID 83616		
5.	Mailing address for future correspondant for the correspondant for	•	al report notices):	
6.	Future effective date of filing (optio	nal):		
-	nature of a manager, member o son.	r authorized	Secretari	y of State use only
Sig	nature		Occidian	y of Guite age only
Тур	ped Name: Stephen Barbe	<b>y</b>	IDAH(	SECRETARY OF STATE
Sia	nature		CK: 1572	CT: 263688 BH: 1376314
_	ped Name:		1 6 20.80	= 20.00 EXPEDITE C # 3
3 1			WI	25895

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