



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

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(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Dean Systems LLC

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

19 S. 615 W., Blackfoot, ID 83221

(Street Address)

(Mailing Address, if different than street address)

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

Tonya M. Dean

19 S. 615 W., Blackfoot, ID 83221

(Name)

(Street Address)

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

**Name**

**Address**

Tonya M. Dean

19 S. 615 W., Blackfoot, ID 83221

Troy Reiss

19 S. 615 W., Blackfoot, ID 83221

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

19 S. 615 W., Blackfoot, ID 83221

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name: Chris Mershon, Organizer

Signature

Typed Name:

Secretary of State use only

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Revised 07/2008

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11/17/2008 05:00  
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