

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 MAR 12 AM 9: 23

SECRETARY OF STATE

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The complete street and mailing 4015 N 5TH W IDAHO FALLS, ID	ng addresses of the initial designated office:
(Street Address)	00401
(Mailing Address, if different than street ad-	
The name and complete stree	t address of the registered agent:
STEVEN K FREI	4015 N 5TH W IDAHO FALLS, ID 83401
(Name)	(Street Address)
The area and address of at la	east one member or manager of the limited liability
ompany:	east one member of manager of the minter members
<u>Name</u>	N Address 4015 5TH W IDAHO FALLS, ID 83401
STEVEN K FREI	4015 5TH W IDAHO FALLS, ID 83401
Mailing address for future cor	respondence (annual report notices):
/4 -	respondence (annual report notices):
Mailing address for future cor 4015 5TH W IDAHO FALLS, ID 8	
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Future effective date of filing that are of a manager, members.	(optional): Der or authorized Secretary of State use only IDAHO SECRETARY OF STATE
4015 5TH W IDAHO FALLS, ID 8	optional): Der or authorized Secretary of State use only