

CERTIFICATE OF ORGANIZATION ED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application) 10 JAN 22 PM 1: 29

1.	The name of the limited liability company i	SEURETARY OF STATE STATE OF IDAHO
2.	The complete street and mailing addresses of the initial designated/principal office: 600 E. State St., Suite 300	
	(Street Address) Eagle, ID	38616
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	Laurie K. Campbell 6	00 E. State St., Suite 300, Eagle, ID 83616
	(Name) (Street	Address)
4.	The name and address of at least one memory:	ber or manager of the limited liability
		00 E. State St., Suite 300, Eagle, ID 83616
		. #
5.	5. Mailing address for future correspondence (annual report notices): 600 E. State St., Suite 300, Eagle, ID 83616	
6.	Future effective date of filing (optional):	January 22, 2010
	\$ \\.' / 	
Sig	nature of organizer(s). (An organizer a member	or ist
acting in behalf of a members). Secretary of State use only		
Sig	nature Number Campole	
Тур	ped Name:Laurie K. Campbell	الم الم
- •		2006 600 700 700 700 700 700 700 700 700
Sig	nature	# 012 gg
Туţ	ped Name:	ONATAL COLUMN CO

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