		FILED
CERTIFICATE OF OF		_
(Instructions on back of		10 JAN 13 AM 8: 47
. The name of the limited liability compared		SECRETARY OF STATE STATE OF IDAHO
	esses of the initial des er Rd., Eagle, ID 83616	signated/principal office:
(Street Address)		
(Mailing Address, if different than street address)	s of the registered ag	ent:
Tom Genta	85 S. Linder Re	d., Eagle, ID 83616
(Name)	(Street Address)	
. The name and address of at least one company:	member or manager	of the limited liability
Name	ي	ddress
Tom Genta	85 S. Linder Ro	d., Eagle, ID 83616
Mailing address for future corresponde 85 S. Linder	nce (annual report no r Rd., Eagle, ID 83616	otices):
Future effective date of filing (optional):	:	
gnature of organizer(s). (An organizer is a me ing in behalf of a member or members).	ember, or is	
gnature Arma E. Kent	CIWA 34	Secretary of State use only
ped Name:Tom Genta	LC formsteart_org_ht.PMD	IDANO SECRETARY OF STATE 01/13/2010 05:00 CK: 1828 CT: 243535 BH: 1283187
ped Name; Michael Marlin	Revised 072	1 8 196.09 = 198.00 ORGAN LLC 8 1 8 28.99 = 28.96 EXPEDITE C \$

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