

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2010 SEP 23 AM 11: 30

1. The name of the limited liability	company is:	SECRETARY OF STATE STATE OF IDAHO
	Ozarks, LLC	JAIC OF TOTAL
The complete street and mailing     465 Sunterra Drive, Idaho Falls, Idah     (Street Address)		designated/principal office:
(Mailing Address, if different than street address	988)	
3. The name and complete street		d agent:
Philip Harper	465 Sunterra Drive, Idaho Falls, Idaho, 83404	
(Name)	(Street Address)	
The name and address of at leacompany:     Name	ast one member or mana	ger of the limited liability
Philip Harper	465 Sunterra Drive, Idaho Fatis, Idaho, 83404	
-		
	<del></del>	
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5. Mailing address for future corre	spondence (annual repo	ort notices):
465 Sunterra Drive, Idaho Falls, ida		
6. Future effective date of filing (o	ptional):	
Signature of a manager, member	er or authorized	
person.		Secretary of State use only
Signature Ryan B. Meikle Typed Name: Ryan B. Meikle	le	
Typed Name: Ryan B. Meikle		
Signature		TROUG CEMPETABLY OF STATE
Typed Name:	1	IDAHO SECRETARY OF STATE 09/23/2010 05:0 CK: NONE CT: 13945 PM: 1346

DAHU SECRETARY OF STATE

9/23/2010 05:00

CK: NONE CT: 12945 BH: 1240161

1 0 100.00 = 100.00 ORGAN LLC # 2

1 0 20.00 = 20.00 EXPEDITE C # 3