



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
2014 AUG 14 AM 9:03

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

R. L. MENCKE LLC

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

1100 E 15TH ST. IDAHO FALLS, ID 83401

(Street Address)

(Mailing Address, if different than street address)

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

ROBERT MENCKE

(Name)

1100 E 15TH ST. IDAHO FALLS, ID 83401

(Street Address)

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

Name

Address

ROBERT MENCKE

1100 E 15TH ST. IDAHO FALLS, ID 83401

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

1100 E 15TH ST. IDAHO FALLS, ID 83401

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: ROBERT MENCKE

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

08/14/2014 05:00

CK:1041 CT:300077 BH:1437320
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