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CERTIFICATE OF O	
(Instructions on back	or application)
The name of the limited liability com	2013 JAN 22 AM 9: 57 pany is:
The complete street and mailing add 1070 Riverwalk Drive, Suite 200, Idaho Fa (Street Address)	resses of the initial designated office:
(Mailing Address, if different than street address)	
The name and complete street addre	ess of the registered agent:
Dorothy M. Walker (Name)	1070 Riverwalk Drive, Suite 200, Idaho Falls, ID 83402 (Street Address)

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

<u>Name</u>	<u>Address</u>
Dorothy M. Walker	1070 Riverwalk Drive, Suite 200, Idaho Falls, ID 83402
lailing address for future corresp	ondence (annual report notices):
idiling address for fatare corresp	

Signature of a manager, member or authorized person.

Signature Dorothy Mr. Walker

Typed Name: Dorothy Mr. Walker

Signature_____

Typed Name:

Secretary of State use only

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01/22/2013 05:00
CK: 103 CT: 278447 BH: 1356684
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