

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application).

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1. The	name of the limited liability comp	pany is: SECFA STA	LIFFY OF STATE TE OF IDAIFO	
	Aller	Rustic Design, LLC		
51	complete street and mailing addr 45 East Redonda Circle Idaho Falls, ID 8 eet Address)	resses of the initial designated/principal offic 33406	e:	
(Ma	iling Address, if different than street address)			
3. The	name and complete street addre	ess of the registered agent:		
Re	Reed G. Aller 5145 East Redonda Circle Idaho Falls, ID 83406			
(Na	me)	(Street Address)		
	name and address of at least on appany:	e member or manager of the limited liability		
	<u>Name</u>	<u>Address</u>		
î Re	ed G. Aller	5145 East Redonda Circle Idaho Falls, ID 83406		
				
			i	
5. Mai	ling address for future correspond	dence (annual report notices):		
	5145 East Redonda Circ	cle Idaho Falls ID 83406		
C F	affactive data of films (options	.n.		
b. Full	ure effective date of filing (optiona	11/.		
Signati	ire of anmanager/member or a	authorized		
person.		Secretary of State use only		
Signatu	in AM			
Typed I	Name: Reed G. Aller			
.		IDAHO SECRETARY O	F STATF	
-	re	Ø8/10/2011 CK: 1612 CT: 261411	05:00	
ı ypea ı	Name:		RGAN LLC # 2 XPEDITE C # 3	

cert_org_llc Rev. 07/2010