

~~FILED EFFECTIVE~~

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 JAN 20 AM 8:24

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

1274 W. 50 S. Blackfoot, L.L.C.

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

4225 N 5 West, Idaho Falls, Idaho 83401

(Street Address)

(Mailing Address, if different than street address)

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

David B. Cutler

(Name)

4225 N 5 West, Idaho Falls, Idaho 83401

(Street Address)

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

Name

Address

Cutler Living Trust

4225 N 5 West, Idaho Falls, Idaho 83401

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

4225 N 5 West, Idaho Falls, Idaho 83401

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

Signature of a manager, member or authorized person.

Signature

Typed Name: David B. Cutler, Trustee

Signature

Typed Name: Michele B. Cutler, Trustee

Secretary of State use only

IDAHO SECRETARY OF STATE
01/20/2011 05:00
CK: 53374 CT: 2034 BH: 1256145
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