CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY (Instructions on back of application) Unstructions on back of application) SECF. Y OF ST STATE OF IDAHO (Instructions on back of application) SECF. Y OF ST STATE OF IDAHO (Instructions on back of application) SECF. Y OF ST STATE OF IDAHO (Instructions on back of application) (Instructions on back of application) (Instructions on back of application) SECF. Y OF ST STATE OF IDAHO (Instructions on back of application) (Instructions on back of application) SECF. Y OF ST STATE OF IDAHO (Instructions on back of application) (Instructions on back of the registered agent: David B. Cutler (Instruction) (Instructions of at least one member or manager of the limited liability company: Name Address (Instructions of at least one member or manager of the limited liability company: Name Address (Instructions of at least one member or manager of the limited liability company: Name Address (Instructions of at least one member or manager of the limited liability company: Name Address (Instructions of at least one member or manager of the limited liability company: Name Address (Instructions of at least one member or manager of the limited liability company: Name Address (Instruction) (Instruction			EN FEFECTIVE
(Instructions on back of application)       SEGM of 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         (@reat Address)       (@reat Address)         3. The name and complete street address of the registered agent:         David B. Cutler       4225 N 5 West, Idaho Falls, Idaho 83401         (Krame)       (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):       Secretary of State use only         Signature       David B. Cutler, Trustee         Signature       David B. Cutler, Trustee         Signature       David B. Cutler, Trustee         Signature       Michele B. Cutler, Trustee         Signature       Michele B. Cutler, Trustee         Signature       David B. Cutler, Trustee         Signature       Michele B. Cutler, Trustee         Signature       David B. Cutler, Trustee <th></th> <th></th> <th></th>			
1274 W. 50 S. Blacktoot, 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       4225 N 5 West, Idaho Falls, Idaho 83401         (Name)       (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):	(Instructions on back of application)		SECENCE ON AL
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(Mailing Address, if different than street address)         3. The name and complete street address of the registered agent:         David B. Cutter       4225 N 5 West, Idaho Falls, Idaho 83401         (Name)       (Street Address)         4. The name and address of at least one member or manager of the limited liability company:         Name       Address         Cutter 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):	-	•	ignated/principal office:
3. The name and complete street address of the registered agent:         David B. Cutler       4225 N 5 West, Idaho Falls, Idaho 83401         (Name)       (Street Address)         4. The name and address of at least one member or manager of the limited liability company:       Address         Sume       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):	(Street Address)		
David B. Cutter       4225 N 5 West, Idaho Falls, Idaho 83401         (Name)       (Street Address)         4. The name and address of at least one member or manager of the limited liability company:       Name         Name       Address         Cutter Living Trust       4225 N 5 West, Idaho Falls, Idaho 83401	(Mailing Address, if different than street ad	idress)	
(Name)       (Street Address)         4. The name and address of at least one member or manager of the limited liability company:       Name         Mame       Address         Cutter Living Trust       4225 N 5 West, Idaho Falls, Idaho 83401	3. The name and complete stree	et address of the registered ag	ent
4. The name and address of at least one member or manager of the limited liability company:       Name       Address         Cutter Living Trust       4225 N 5 West, Idaho Falls, Idaho 83401	David B. Cutler	4225 N 5 West, Idaho Falls, Idaho 83401	
Name       Address         Cutter Living Trust       4225 N 5 West, Idaho Falls, Idaho 83401	(Name)	(Street Address)	
Cutter Living Trust       4225 N 5 West, Idaho Falls, Idaho 83401         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 David B. Cutler, Trustee         Signature Michele B. Cutler, Trustee         1 p 100,00 = 100,00 of 000M LLC		east one member or manager	of the limited liability
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       Secretary of State use only         Signature       David B. Cutler, Trustee         Signature       Luck. Luck.         Signature       Signature.         Signature       Luck. Luck.         Signature       Signature.         Signature			
4225 N 5 West, Idaho Falls, Idaho 83401         6. Future effective date of filing (optional):         Signature of a manager, member or authorized person.         Signature in the file of the file	Cutler Living Trust	4225 N 5 West, Idaho Fall	s, Idaho 83401
4225 N 5 West, Idaho Falls, Idaho 83401         6. Future effective date of filing (optional):         Signature of a manager, member or authorized person.         Signature in the file of the file			
Signature of a manager, member or authorized person.       Secretary of State use only         Signature       Secretary of State use only         Typed Name:       David B. Cutler, Trustee         Signature       IDAHO SECRETARY OF STATE         Signature       Of Cutler, Trustee         Signature       Michele B. Cutler, Trustee         Typed Name:       Michele B. Cutler, Trustee         1 # 160.08 = 168.66       ORGAN LLC	•	• • •	otices):
person.       Secretary of State use only         Signature       IDAHO SECRETARY OF STATE         Typed Name:       David B. Cutler, Trustee         Signature       IDAHO SECRETARY OF STATE         Of 1/20/2011       05:0         Typed Name:       Michele B. Cutler, Trustee         Typed Name:       Michele B. Cutler, Trustee         1 # 188.08 = 188.08       086008	6. Future effective date of filing	(optional):	
Signature       1       0       1	• •	per or authorized	Constant of Chain une only
1 @ 100.08 = 100.08 = 100.08	Signature David B. Cutler, Truste Signature Mille	utl	IDAHO SECRETARY OF STATE 01/20/2011 05:00
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