CERTIFICATE OF ORGANIZATION	
	2012 JUN -4 AH 10: 06
(Instructions on bac	k of application)
1. The name of the limited liability co	ompany is: SECEL ARY OF STATE STATE OF IDAHO
E	enjay Enterprises, LLC
6615 Red Bluff Ln.; Idaho Falls , ID 834	ddresses of the initial designated/principal office: 06
(Street Address)	
(Mailing Address, if different than street address)	
3. The name and complete street add	dress of the registered agent:
Lois Aring	6615 Red Bluff Ln.; Idaho Falis, ID 83406
(Name)	(Street Address)
Company: Name Lois Aring	Address 6615 Red Bluff Ln.; Idaho Falls, ID 83406
John Aring	6615 Red Bluff Ln.; Idaho Falls, ID 83406
5. Mailing address for future correspondence (annual report notices): 6615 Red Bluff Ln.; Idaho Falls, ID 83406	
6. Future effective date of filing (optional):	
Signature of a manager, member or authorized person.	
Signature Lais NU	Secretary of State use only
Typed Name: Lois Aring Signature Jun A. U Typed Name: Jobn Aring	IDAHO SECRETARY OF STATE Ø6/04/2012 Ø5:00 CK: 1326 CT: 268184 BH: 1326650 1 @ 100.08 = 108.08 CRGAN LLC N 2 1 @ 28.00 = 20.00 EXPEDITE C # 3
	Cert_org_lic Rev. 07/2010 W114434

251
