

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 MAY 26 AM 9: 33

1. The name of the limited liability company is:  SECRETAY OF STATE  STATE OF IDAHO  2. The complete street and mailing addresses of the initial designated/principal office:
2. The complete street and mailing addresses of the initial designated/principal office:  3140 Eldridge Twin 7411s, Td440 83301  (Street Address)
(Mailing Address, if different than street address)
3. The name and complete street address of the registered agent:
Bynd Golay 3555 & 4000 Kimberly Id (Name) (Street Address) 83341
The name and address of at least one member or manager of the limited liability company:
Byrd Golfy 3555 & 4000 W Kimberly Le 83841  Judith Golfy 3555 & 4000 N Kimberly Le 83841
5. Mailing address for future correspondence (annual report notices):  2140 Eldnidge, Twin Talls, Id 8330/
6. Future effective date of filing (optional):
Signature of a manager, member or authorized person.
Signature Syn Jolay Secretary of State use only
Typed Name: Byrd Golay
IDAHO SECRETARY OF STATE  95/26/2011 95:00
Signature CK: 92 CT: 259218 BH: 1275475 1 @ 100.08 = 188.00 ORGAN LLC # 2

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