

## **CERTIFICATE OF ORGANIZATION FILED** LIMITED LIABILITY COMPANY2015 HAY 14 AM 8: 58

(Instructions on back of application)

| (Modradulono of                               | SECRETARY OF STATE                                   |
|---|--|
| 1. The name of the limited liabil             | SECRETARY OF STATE STATE OF IDAHO                    |
| HENRIKSON EN                                  | TERARISE LLC   |
| 2. The complete street and mail               | ling addresses of the initial designated office:     |
|   | eth, St. Anthony, ID 83445                           |
| (Mailing Address, if different than street ad | ddress)  |
| 3. The name and complete stree                | et address of the registered agent:                  |
| JAMES R. HENRIKSE                             | SAME AS Above (Street Address)                       |
| 4. The name and address of at company:        | least one member or manager of the limited liability |
| <u>Name</u>                                   | <u>Address</u>                                       |
|   | SON 238E, 2 <sup>rd</sup> N. ST. Anthony, ID 83445   |
| 5. Mailing address for future col             | rrespondence (annual report notices):                |
| 6. Future effective date of filing            | (optional): _5/20/15                                 |
|   |  |
| Signature of a manager, mem person.           | /  |
| 1 11.   | Secretary of State use only                          |
| Signature <b>MAN</b>                          | IDAHO SECRETARY OF STATE                             |
| Typed Marhe: SAMES R. H.                      | ENRIKSON 05/14/2015 05:00                            |
|   | CK:2466 CT:286048 BH:1479 10 100.00 = 100.00 CRGAN L |
| Signature                                     |  |

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Typed Name: \_\_\_\_\_