Rev. 11/2015

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in <u>duplicate</u>.

2016 JUN -9 PM 4:50

SECRETARY OF STATE STATE OF IDAHO

| Complete and submit the application in <u>duplicate</u> . | | | STATE OF IDAHO | |
|---|--|---------------------------------|-----------------------------|--|
| The name of the limited li | ability company is: | | | |
| AAT LLC | | | | |
| (Remember to include t | he words "Limited Liability Company," " | .imited Company," or the abbrev | iations L.L.C., LLC, or LC) | |
| The complete street and i | mailing addresses of the princ | cipal office is: | | |
| 223 Ricks Avenue, Rexbe | - | spar omas to. | | |
| (Street Address) | 3 | | | |
| PO Box 474, Rexburg ID | 83440 | | | |
| (Mailing Address, if different) | | | | |
| The name of the registere | ed agent and the street addre | ss of the registered age | ent: | |
| Darren Helm | 223 Ricks Avenue, Rexburg ID 83440 | | | |
| (Name) | (Address cannot be a post piïce box or postal mail box.) | | | |
| | | | | |
| The name and address of | f at least one governor of the | limited liability company | <i>y</i> : | |
| Darren Helm | PO Box 474, Rexburg ID 834 | | | |
| (Name) | (esembhA) | | | |
| | | | | |
| (Name) | (Address) | | | |
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| (Mame) | (Address) | | | |
| • | () manayy | | | |
| | | | | |
| (Nanta) | (Address) | | | |
| Mailing address for future | e correspondence (annual rep | ort notices): | | |
| PO Box 474, Rexburg ID | • | ,011 11011000). | | |
| (Address) | | | | |
| | | | | |
| nature of organizer(s). | | | | |
| | | Secretary of Sta | ite use only | |
| nature: | | IDAHO SE | CRETARY OF STATE | |
| ted Name: Darren Helm | | I . | /2016 05:00 | |
| | | CK: 3932342 C | r:172099 BH:153257 | |
| nature: | | 10 100.00 = 1 | 100.00 ORGAN LLC # | |
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| ited Name: | | | илип | |
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