

(Instructions on back of application)

2009 OCT 16 PM 4:02

SECRETARY OF STATE  
STATE OF IDAHO

2. The complete street and mailing addresses of the initial designated/principal office:

**(Street Address)**

(Street Address)  
Idaho Falls, ID 83404  
(Mailing Address, if different than street address)

(Mailing Address, if different than street address)

- 3. The name and complete street address of the registered agent:**

Alethea Cox  
(Name)

2160 E 1135 1F 1D 83404  
(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name  
Althea Cox

**Address**

Address  
2160 E 113 S IF ID 83404

5. Mailing address for future correspondence (annual report notices):

2160 E 113 S 1F 1D 83404

6. Future effective date of filing (optional): \_\_\_\_\_

**Signature of organizer(s).** (An organizer is a member, or is acting in behalf of a member or members).

Signature Alyssa Cox

Typed Name: Alethea Cox

Signature \_\_\_\_\_

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

**Secretary of State use only**

100-443887-1000

IDAHO SECRETARY OF STATE  
10/16/2009 05:00  
CK: 323423 CT: 172099 BH: 1191522  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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