



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
12/11/11 - 4 AM 9:06
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ANGIELEN, LLC

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

1192 South 52nd East Idaho Falls, Idaho, 83401

(Street Address)

P.O. Box 3179 Idaho Falls, Idaho 83403

(Mailing Address, if different than street address)

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

Scott Seedall

(Name)

1192 South 52nd East Idaho Falls, Idaho 83401

(Street Address)

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

Name

Address

Brion Egan

HC 61 Box 1060 Dubois, Idaho 83423

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

P.O. Box 3179 Idaho Falls, Idaho 83403

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Scott R. Seedall

Typed Name: Scott R. Seedall

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
05/04/2012 05:00
CK: 5131 CT: 116842 BH: 1322792
1 @ 100.00 = 100.00 ORGAN LLC # 2

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