

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 OCT 22 AM 8: 31

	(Instruction	s on back of application)	SECOND OF OTHER
1.	The name of the limited li	ability company is:	SECRETARY OF STATE STATE OF IDAHO
		Keida L.L.C.	
2.	The complete street and mailing addresses of the initial designated/principal office:		
	3145 Ross Ave Idaho F	Falls, Idaho 83406	
	(Street Address)		· · · · · · · · · · · · · · · · · · ·
	(Mailing Address, if different than stre	et address)	
3.	The name and complete street address of the registered agent:		
	Linda S. Godfrey	3145 Ross Ave	Idaho Falls, Idaho 83406
	(Name)	(Street Address)	Tadio Late, tadio Corto
	<u>Name</u>	3145 Ross Ave	Address Idaho Falls, ID 83406
4.	The name and address of at least one member or manager of the limited liability company:		
	* *		Address
	Keith E. Godfrey	3145 Ross Ave	Idaho Falls, ID 83406
	Linda S. Godfrey	п	n
	Direct 5 Courter	<u></u>	
	····	<del></del>	
5.	Mailing address for future	correspondence (annual r	eport notices):
	3145 Ross Ave Idaho Falls, I	daho 83406	
	· · · · · ·		
6.	Future effective date of filing	ng (optional):	
Sign	nature of a manager, me	ember or authorized	
_	son.	mber of duthorized	
L	(1)		Secretary of State use only
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	ed Name: Linda S. Godfrey		
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•	nature Kuth & How	Truy	CK: 1296 CT: 252205 BH: 12441
Typ	ed Name: Keith E. Godfrey		I E 188.88 = 188.88 ORGAN LLC

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