



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 NOV 12 PM 2:46
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

LAS, LLC

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

943 West Overland Road, Meridian, ID 83642

(Street Address)

(Mailing Address, if different than street address)

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

Monty Ward
(Name)

943 West Overland Road, Meridian, ID 83642

(Street Address)

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

Name

Address

Monty Ward

943 West Overland Road, Meridian, ID 83642

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

943 West Overland Road, Meridian, ID 83642

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Monty Ward

Typed Name: Monty WARD

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
11/12/2010 05:00
CK: 4494 CT: 252741 BH: 1246958
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