		OF ORGANIZATION	
	LIMITED LIABILITY COMPANY		2013 JUL -2 AM 11: 5
E 2 OF	(Instructions o	(Instructions on back of application)	
1. The nam	he name of the limited liability company is:		STATE OF IDAHO
	T And Controls LLC		
	omplete street and mailing addresses of the initial designated office: E 49th N, Idaho Falis, ID 83401		
(Street Add		3401	
	3th St, Idaho Falls, ID 834 Idress, if different than street a		
3. The nam	e and complete stre	et address of the registered ager	nt:
Spencer	Anderson	245 E 13th St, Idaho Falls, Il	D 83404
(Name)		(Street Address)	
-	address for future com 3th St, Idaho Falls, ID 834	rrespondence (annual report not 404	ices):
6. Future e	ffective date of filing	(optional):	
Signature o person.	f a manager, mem		Secretary of State use only
Signature			Second of State dec only
Typed Aame	Spencer I Anderson		

W126787