

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE

(Instructions on back of application)

12 MIT 18 41 9: 08

		-
1. The name of the limited liability co	ompany is:	SECRETARY OF THE
F	Prime Enterprises, LLC	SECRETARY OF STATE STATE OF IDAHO
2. The complete street and mailing a	iddresses of the initial	
99 E. State Street, Suite 200, Eagle, ID (Street Address)	83616	
99 E. State Street, Suite 200, Eagle, ID (Mailing Address, if different than street address)		
3. The name and complete street ad	dress of the registered	d agent:
Paul Johnson (Name)	99 E. State Street, Sui	ite 200, Eagle, ID 83616
(Name)	(Street Address)	
The name and address of at least company:	one member or mana	ager of the limited liability
<u>Name</u>		Address
Paul Johnson	99 E. State Street, Su	ite 200, Eagle, ID 83616
5. Mailing address for future correspo	ondence (annual repo	ort notices):
99 E. State Street, Suite 200, Eagle, ID	83616	
6. Future effective date of filing (option	onal):	· · · · · · · · · · · · · · · · · · ·
lignature of a manager, member o erson.	or authorized	
Signature As You		Secretary of State use only
yped Name: Paul Torn	1601	
ignature		IDAHO SECRETARY OF STATE 05/18/2012 05:00

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Typed Name:

CK: 4767 CT: 250924 BH: 1324752 1 @ 100.00 = 100.00 ORGAN LLC # 2

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