



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 MAR 12 AM 8:38

1. The name of the limited liability company is:

Capital Eleven Oil, LLC

SECRETARY OF STATE
STATE OF IDAHO

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

439 East Shore Drive Suite # 100 Eagle, ID 83616

(Street Address)

(Mailing Address, if different than street address)

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

Capital Eleven, LLC

(Name)

439 East Shore Drive Suite # 100 Eagle, ID 83616

(Street Address)

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

Name

Address

Capital Eleven, LLC

439 East Shore Drive Suite # 100 Eagle, ID 83616

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

439 East Shore Drive Suite # 100 Eagle, ID 83616

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Travis Hawkes

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/12/2013 05:00
CK: 1018 CT: 275744 BH: 1364201
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