

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 MAR 19 AM 8:07

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

MIKENCLAUD, LLC

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

5131 Whitaker Rd., Chubbuck, ID 83202

(Street Address)

(Mailing Address, if different than street address)

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

Mike Jones

5131 Whitaker Rd., Chubbuck, ID 83202

(Name)

(Street Address)

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

Name

Address

Mike Jones

5131 Whitaker Rd., Chubbuck, ID 83202

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

5131 Whitaker Rd., Chubbuck, ID 83202

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature *Mike Jones*

Typed Name: Mike Jones

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
03/19/2010 05:00
CR: 2748 CT: 129334 BH: 1213695
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