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# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 APR -8 AM 9:39

FILED EFFECTIVE

1. The name of the limited liability company is:

Independent Sales Operation LLCSECRETARY OF STATE  
STATE OF IDAHO

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

689 N 900 E Shelley, ID 83274

(Street Address)

(Mailing Address, if different than street address)

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

Blake Jolley

(Name)

689 N 900 E Shelley, ID 83274

(Street Address)

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

Name

Address

Amy Jolley689 N 900 E Shelley, ID 83274

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

689 N. 900 E. Shelley, ID 83274

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature Blake JolleyTyped Name: Blake Jolley

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

 IDAHO SECRETARY OF STATE  
 04/08/2013 05:00  
 CK: 643 CT: 281596 BH: 1368262  
 1 @ 100.00 = 100.00 ORGAN LLC # 2  
 1 @ 20.00 = 20.00 EXPEDITE C # 3

cert\_org\_llc Rev. 07/2010

WL23867