FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION 11 SEP-1 PM 3: 08 LIMITED LIABILITY COMPANY DECRETARY OF STATE

| | | (Instructions on back of application) | | STATE OF | IDAHU |
|--|---|--|---|--|--|
| 1. | The name of | the limited liability com | pany is: | | |
| | | Exfres-S | | | |
| 2. | The complet | street and mailing add | resses of the initial o | lesignated/princip | al office: |
| 23456 WEST 8500 SOUTH | | | | | William with the second |
| | | E ID if different than street address) | | | |
| | | | | | |
| 3. | The name and complete street address of the registered agent: | | | | |
| | Ear () | Brooks | 23456W | 8500s 5 | TONEID |
| | (Name) | | (Street Address) | | 832.32 |
| 4. The name and address of at least one member or manager of the limited liabilit company: | | | | | |
| | company. | Name | | Address | _ |
| | Bren | Name 1.4 L. Bres ISI D. Brooks | 23456 W | 83005 5 | Tone I |
| | Earl | D Brooks | | | 83252 |
| | | | | | |
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| | , | | 4-4-5-4 | ······································ | |
| | | ļ. | | | |
| 5. | Mailing addr | ess for future correspon | dence (annual repor | t notices): | 3 |
| | 23456 | W 85005 | STONE_ | LD 8323 | |
| 6. | Future effec | ! five date of filing (options | al): | | |
| | | | | | |
| Signature of a manager, member or authorized | | | | | |
| pe | rson. | | | Secretary of State L | se only |
| Signature Scri Brocks | | | | | |
| Typed Name: Fari Brooks | | | | | |
| | | : - | | | FARY OF STATE_ |
| | | | | 09/01/20 CK: 774164 CT: 17 | 2099 BH: 1288888 |
| Ту | ped Name: _ | | <mark>(B.G. M) half flajor sjav sammer sed skred</mark> | 1 0 100.00 = 100. 1 0 20.00 = 20. | .00 ORGAN LLC # 2 .00 EXPEDITE C # 3 |