



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 OCT 21 PM 2:48

SECRETARY OF STATE
STATE OF IDAHO

FILED
EFFECTIVE

1. The name of the limited liability company is:

O P M L.L.C.

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

407 SUMMER CT. NAMPA IDAHO

(Street Address)

(Mailing Address, if different than street address)

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

RON KING

(Name)

407 SUMMER CT NAMPA IDAHO

(Street Address)

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

Name

RON KING

Address

407 SUMMER CT. NAMPA IDAHO

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

407 SUMMER CT. NAMPA IDAHO

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 [Signature]
Typed Name: RON KING

Signature _____
Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
10/21/2008 05:00
CK: CASH CT: 230766 BH: 1141096
1 @ 100.00 = 100.00 ORGAN LLC # 2

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