



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 APR 14 AM 8:59

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Gypsy Life, LLC

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

1587 Satterfield Dr Pocatello Id 83201

(Street Address)

(Mailing Address, if different than street address)

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

Matthew Orson Spencer

(Name)

1587 Satterfield Dr Pocatello Id 83201

(Street Address)

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

Name

Matthew Orson Spencer

Address

1587 Satterfield Dr Pocatello Id 83201

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

1587 Satterfield Dr Pocatello Id 83201

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

Signature of a manager, member or authorized person.

Secretary of State use only

Signature _____

Typed Name: Matthew Orson Spencer

Signature _____

Typed Name: _____

IDaho SECRETARY OF STATE
04/14/2011 05:00
CK: 654038 CT: 172899 BH: 1269107
1 B 100.00 = 100.00 ORGAN LLC B 2
1 B 20.00 = 20.00 EXPEDITE C B 3

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