



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

10 FEB -8 AM 8:57

1. The name of the limited liability company is:

10N LLC

SECRETARY OF STATE
STATE OF IDAHO

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

1008 Matson Rd Viola, ID 83872

(Street Address)

(Mailing Address, if different than street address)

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

John W Anderson

(Name)

1008 Matson Rd Viola, ID 83872

(Street Address)

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

Name

John W Anderson

Address

1008 Matson Rd Viola, ID 83872

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

1008 Matson Rd Viola, ID 83872

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

Typed Name:

John W Anderson

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
02/08/2010 05:00
CK: 5172 CT: 119749 BH: 1287096
1 @ 100.00 = 100.00 ORGAN LLC # 2

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Revised 07/2008

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