

## CERTIFICATE OF ORGANIZATIONED EFFECTIVE LIMITED LIABILITY COMPANY

2012 SEP 25 AH 11: 57

VE S	(Instructions on	back of application)	SECRETARY OF STATE	
1.			STATE OF IDAHO	
<b>2</b> .	The complete street and mailing addresses of the initial designated office: 1268 E 1500 N, Terreton ID 83450			
	(Street Address) PO Box 13, Terreton ID 83450			
	(Malling Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Gary Skidmore 1268 E 1500 N, TERRERTON		ERTON ID 83450	
	(Nапте)	(Street Address)		
<b>4.</b>	company: <u>Name</u>	·	nember or manager of the limited liability  Address	
•	Gary Skidmore	1268 E 1500 N, TERRERTON ID 83450		
5.	Mailing address for future correspondence (annual report notices): PO BOX 13, TERRETON ID 83450			
6.	Future effective date of filing (o	ptional):		
Sign pers	nature of a manager, memberson.	r or authorized		
Sign	nature		Secretary of State use only	
•	ed Name: Accountant			
Sigr	nature		IDAHO SECRETARY OF STATE	
	ed Name:		09/25/2012 05:00 CK: 1143215 CT: 172899 BH: 134121 1 6 169 RM = 188 BM ORGAN LLC N	

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