FILED EFFECTIVE

251



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY OCT -4 PM 1: 44

(Instructions on back of application) SECRETARY OF STATE

(mondono on basic o	STATE OF IDAHO
1. The name of the limited liability comp	
·	per Holdings, LLC
2. The complete street and mailing addre	esses of the initial designated/principal office:
•	589 Nathan Dr.
(Street Address)	o Fails, ID 83404
(Mailing Address, if different than street address)	o raile, ib obtor
3. The name and complete street address	ss of the registered agent:
Mary Kemper	3589 Nathan Dr., Idaho Falls, ID 83404
(Name)	(Street Address)
The name and address of at least one company:	e member or manager of the limited liability
<u>Name</u>	Address
Charles A. Kemper, Jr.	3589 Nathan Dr., Idaho Falls, ID 83404
,	
5. Mailing address for future corresponde	ence (annual report notices):
3589 Nathan Dr Idaho Falls ID	·
3303 Nathan DE Itano Falls III	83404
6. Future effective date of filing (optional	l):
Signature of organizer(s). (An organizer is a macking in behalf of a member or members).	nember, or is
N/8 Challe	Secretary of State use only
Signature / Will / Will	and 3
Typed Name: Scott P. Eskelson, Organiz	
Olava atama	Total Tota
Signature	IDAHO SECRETARY OF STATE 10/04/2012 05:00
Typed Name:	CK: MONE CT: 113824 BH: 1342486