

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 2009 SEP 30 MII: 06

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

1.	. The name of the limited liability con	npany is: STATE OF IDAHO	
		LYSM, LLC	
2.	2858 WILLA	dresses of the initial designated/principal office:	
	(Street Address) (Malling Address, if different then street address)	SAME AS ABOVE	
3.	The name and complete street address	ess of the registered agent:	
	LACEE JOHNSON (Name)	2858 WILLARD ST MERIDIAN, ID 83642 (Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	Name	Address	
	LACEE JOHNSON	2858 WILLARD ST MERIDIAN, ID 83642	
	_		
5.	Mailing address for future correspond 2858 WILLAR	niling address for future correspondence (annual report notices): 2858 WILLARD ST MERIDIAN, ID 83642	
6.	Future effective date of filing (optional	l):	
3ign icting	nature of organizer(s). (An organizer is a m g in behalf of a member or members).	lember, or is	

Sig Signature 1 Typed Name: LACEE JOHNSON Signature_

Typed Name:

Sacretary of State use only