

Signature

Typed Name: SASHA ORTON, MANAGER

## CERTIFICATE OF ORGANIZATION LED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 MAY 23 AM 10: 21

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The name of the limited liability cor	npany is:	SECFE ARY OF STATE
BELL	A PIERRE IDAHO, LLC	STATE OF IDAHO
The complete street and mailing ad 160 HANKINS ROAD NORTH, TWIN FA		esignated/principal office:
(Street Address)	· · · · · · · · · · · · · · · · · · ·	
(Mailing Address, if different than street address)		
3. The name and complete street add	ress of the registered a	agent:
JEREMY ORTON	160 HANKINS ROAD NO	ORTH, TWIN FALLS, ID 83301
(Name)	(Street Address)	OKTH, TTHET ALLO, ID GOOD!
company:  Name  RE FINANCIAL, INC, MEMBER		Address ORTH, TWIN FALLS, ID 83301
<del></del>		<del></del>
SASHA ORTON, MANAGER	160 HANKINS ROAD NORTH, TWIN FALLS, ID 83301	
JEREMY ORTON, MANAGER	160 HANKINS ROAD NO	ORTH, TWIN FALLS, ID 83301
5. Mailing address for future correspor	ndence (annual renort i	notices):
160 HANKINS ROAD NORTH, TWIN FAI	•	notices).
<ol><li>Future effective date of filing (optior</li></ol>	nal):	
Signature of a manager, member or	authorized	
erson.	<u> </u>	Secretary of State use only
Signature Aug MV	100 KB (100 KB A)	Disabilitati ya Benetich in Gesti. 1
yped Name: JEREMY ORTON, MANAGER	R Martin I Designation	
e n		IDAHO SECRETARY OF STATE

IDAHO SECRETARY OF STATE @5/23/2011 @5:00 CK: 1022 CT: 248721 BH: 1274855 1 @ 100.00 = 100.00 ORGAN LLC # 2

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