



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the limited liability company is:

2009 APR 28 PH 1 10

SECRETARY OF STATE STATE OF IDAMO

| 2. The complete street and mailing addresses of the initial designated/principal office: 2769 S. BRIDGEWATER AVE. HAWPA, ID. 83486 (Street Address) | |
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| 2769 S. BRIDGEWATER AVE. NAMPA, ID. BSUBIO | |
| | |
| (Mailing Address, if different than street address) | |
| 3. The name and complete street address of the registered agent: | |
| 2769 S BELOGEWATER AVE. | |
| THER L. HESS NAMEA, ID. 836818 (Name) (Street Address) | |
| 4. The name and address of at least one member or manager of the limited liability | |
| company: | |
| Name Address 77109 S. Bridge ACE. | 1 |
| TYLER L. HESS 2769 BRIDGEWATER HUE. NAMPA, ID. B3686 | |
| BRIAN W. JOHANSEN YORE NO. BRUBE | |
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| | . |
| | |
| 5. Mailing address for future correspondence (annual report notices): | |
| TTLA S. BRIDGEDATER AVE. NAWAA, 10.88406 | 1 |
| 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). Secretary of State use only | _ |
| - 110 g | 4. |
| | • |
| Typed Name: TYPER L. HESS | |
| | |
| Signature Town of STATE Typed Name: Bear to beared of the series of the | |

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