Typed Name: ___

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 MAR -9 AM 8:41

FILED EFFECTIVE

(Instructions on back of application)

nt/ Es	TY OF STATE
SE(JET	A OL OING

The name of the limited liability company is: CSDS ENTERPRISES LLC.		SECRETARY OF STATE STATE OF IDAHO LLC.
2. The complete street and mailing 200 S MAIN SUITE 1 POCATELLO		nitial designated/principal office:
(Street Address)		
(Mailing Address, if different than street address	ss)	
3. The name and complete street a	ddress of the regis	stered agent:
TERRY J DANCE	200 S MAIN SU	ITE 1 POCATELLO IDAHO 83204-715
(Name)	(Street Address)	
The name and address of at least company:	st one member or i	nanager of the limited liability
<u>Name</u>		Address
BLAIR L DANCE	433 E LAS COL	INAS BLVD BOX 12 SUITE 1290
	IRVING TEXAS	75039
		
5. Mailing address for future corres	pondence (annual	report notices):
200 S MAIN ST SUITE 1 POCATELLO	O, IDAHO 83204-0715	, ;
6. Future effective date of filing (opt	tional):	
Signature of a manager, member person.	or authorized	
51.0		Secretary of State use only
Signature Blow Lew D	<u> </u>	
Typed Name: BLAIR L DANCE		
		IDAHO SECRETARY OF STATE 03/09/2011 05:00
Signature		CK: 3064 CT: 256333 BH: 1263433 1 0 100.00 = 100.00 ORGAN LLC # 2
IVRAT NAMA:	1	

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