

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 JUL 28 AM 8:52

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

PREGAME LLC

2. The complete street and mailing addresses of the initial designated/principal office:

474 K STREET, IDAHO FALLS, ID 83402

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

LYLE LARSEN

(Name)

474 K STREET

(Street Address)

IDAHO FALLS, ID
83402

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

LYLE LARSEN474 K STREET, IDAHO FALLS, ID, 83402

5. Mailing address for future correspondence (annual report notices):

Lyle Larsen - 474 K Street, Idaho Falls, ID 83402

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name:

LYLE LARSEN

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
 07/28/2011 05:00
 CK: 2422 CT: 235125 BH: 1284299
 1 @ 100.00 = 100.00 ORGAN LLC # 2
 1 @ 20.00 = 20.00 EXPEDITE C # 3

W/05319