CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2009 JAN 14 AM 8: 43

 The name of the limited liability comp 	pany is: SECRETARY OF STATE
LPM	M Enterprises LLC STATE OF IDAHO
. The complete street and mailing addre	resses of the initial designated/principal office:
573 N. 3600	00 E. Lewisville, ID 83431
(Street Address)	
(Mailing Address, if different than street address)	
. The name and complete street address	ess of the registered agent:
Pete Mickelsen	573 N. 3600 E. Lewisville, ID 83431
(Name)	(Street Address)
The name and address of at least one company: Name	e member or manager of the limited liability Address
Lorin P. Mickelsen IV	573 N. 3600 E. Lewisville, ID 83431

Mailing address for future corresponde	dence (annual report notices):
573 N. 3600	00 E. Lewisville, ID 83431
Future effective date of filing (optional)	ll):
gnature of organizer(s). (An organizer is a mo	nember, or is
ing in behalf of a member or members).	Secretary of State use only
AMS TO	
gnature Lorin P. Mickelsen IV	
rped Name: Lorin P. Mickelsen IV	
anatura	GIVEN SECRETARY OF STA
gnature	IDANO SECRETARY OF STA
ped Name:	§ @ 01/14/2009 05

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