

## CERTIFICATE OF ORGANIZATION

	LIMITED LIABILIT	Y COMF	PANY 2014 AUG -1 AM 8: 33
	(Instructions on back of	of application	) SECUTION
1.	The name of the limited liability comp	pany is:	
2.	he complete street and mailing addresses of the initial designated office: 4431 North 2000 West Rexburg Idaho 83440 (Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	DON F. HARRIS	4431 North 20	000 West Rexburg Idaho 83440
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>	Address	
	DON F. HARRIS	4431 North 2000 West Rexburg, Idaho 83440	
	LEANN RENEE HARRIS	4431 North 20	900 West Rexburg, Idaho 83440
5.	Mailing address for future correspond 4431 North 2000 West Rexburg Idaho 834	•	al report notices):
6.	Future effective date of filing (optional	al):	
_	nature of a manager, member or son.	authorized	
·	$\begin{pmatrix} 1 & 1 & 1 \end{pmatrix}$		Secretary of State use only
Signature <u>Lon F Hands</u> Typed Name: DON F. HARRIS			IDAHO SECRETARY OF STATE 08/01/2014 05:00 CK:9210 CT:23363 BH:1435656
Sig	nature Leann Rence Harri	<u>,                                     </u>	10 100.00 = 100.00 ORGAN LLC

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Typed Name: LEANN RENEE HARRIS