

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

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SECRETATE OF STATE STATE OF IDAHO	
On the Or substitute	
ated office:	
3202	
he limited liability	
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es):	

WE T	(Instructions on back of application)		SECRETATE OF STATE STATE OF IDAHO	
1.	The name of the limited I	liability company is:	STATE OF IDAHO	
	ChemiTal LLC.			
2.	. The complete street and mailing addresses of the initial designated office:			
	RR 6 Box 6006 Pocatello, ID	83202		
	(Street Address)			
	PO Box 12 Fort Hall, ID 8320 (Mailing Address, if different than st			
3.	The name and complete		tered agent:	
	Talia Martin	RR 6 Box 6006	Pocatello, ID 83202	
	(Name)	(Street Address)		
	Talia Martin	PO Box 12 Fort		
5.	Mailing address for future PO Box 12 Fort Hall, ID 8326	•	report notices):	
6.	Future effective date of fi	ling (optional):		
Sig	nature of a manager, m	nember or authorized		
per	rson.		Secretary of State use only	
Sin	inature 11-		0.00.00.00.00.00.00.00.00.00.00.00.00.0	
Jug	ped Name: Talia Martin		IDAHO SECRETARY OF STATE	
ıyı	bed Name		04/20/2015 05:00	
<u> </u>			CK:154 CT:309167 BH:1471565 10 100:00 = 100:00 ORGAN LLC	
	nature	\	TO SOU SOU SOU CONTRACT HAD	
Гyр	oed Name:			
			W150631	