



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 APR 30 PM 1:17

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Bracket HD LLC

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

1191 Foothills Road Challis ID 83226

(Street Address)

(Mailing Address, if different than street address)

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

Julie Hansen

(Name)

1191 Foothills Road Challis ID 83226

(Street Address)

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

Name

Address

Julie Hansen, LLC Manager

1191 Foothills Road Challis ID 83226

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

1191 Foothills Road Challis ID 83226

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

Signature of a manager, member or authorized person.

Signature Julie Hansen

Typed Name: Julie Hansen LLC Manager

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

04/30/2014 05:00

CK:1239 CT:296321 BH:1422729

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