



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 JAN 23 AM 8:43

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

SHACKETT ENTERPRISES, LLC

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

7517 S 15TH W IDAHO FALLS, ID 83402

(Street Address)

(Mailing Address, if different than street address)

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

BROCK RALPH SHACKETT

7517 S 15TH W IDAHO FALLS, ID 83402

(Name)

(Street Address)

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

Name

BROCK RALPH SHACKETT

Address

7517 S 15TH W IDAHO FALLS, ID 83402

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

7517 S 15TH W IDAHO FALLS, ID 83402

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

Signature of a manager, member or authorized person.

Signature Brock Sh
Typed Name: BROCK RALPH SHACKETT

Secretary of State use only

W138494

Signature _____
Typed Name: _____

IDAHO SECRETARY OF STATE
01/23/2014 05:00
CX: 567 CT: 292071 BH: 1407237
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