

FILED EFFECTIVE

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 MAR 29 AM 9:55

1. The name of the limited liability company is:

SECRETARY OF STATE
STATE OF IDAHO

The Horse Changer LLC

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

6184 West 17th South, Idaho Falls, ID 83402

(Street Address)

(Mailing Address, if different than street address)

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

Annalee Reed

(Name)

6184 West 17th South, Idaho Falls, ID 83402

(Street Address)

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

Name**Address**

Annalee Reed

6184 West 17th South, Idaho Falls, ID 83402

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

Annalee Reed 6184 West 17th South, Idaho Falls, ID 83402

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Annalee ReedTyped Name: Annalee Reed

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008
 IDAHO SECRETARY OF STATE
 03/29/2010 05:00
 CK: 2209 CT: 246456 BM: 1215002
 1 @ 100.00 = 100.00 ORGAN LLC # 2
 1 @ 20.00 = 20.00 EXPEDITE C # 3

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