



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 MAY 13 AM 8 27

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

B.A.M.E. Operations LLC

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

245 LINCOLN AVE.
(Street Address)

P.O. Box 105 RICHFIELD, ID 83349
(Mailing Address, if different than street address)

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

JONELLE ELGAWAY
(Name)

245 LINCOLN AVE RICHFIELD, ID 83349
(Street Address)

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

Name	Address
<u>MARK SCHMIDT</u>	<u>P.O. Box 105 RICHFIELD, ID 83349</u>
_____	_____
_____	_____
_____	_____

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

P.O. Box 105 RICHFIELD, ID 83349

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 _____

Typed Name: JONELLE ELGAWAY

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
05/13/2010 05:00
CK: 1047302241 CT: 247934 BH: 1222142
1 @ 100.00 = 100.00 ORGAN LLC # 2

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