

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPAN 10 AUG 23 AM 8: 22

	(Instructions on back of	of application)	SECRETARY OF STATE STATE OF IDAHO
1.	The name of the limited liability comp	oany is:	STATE OF IDAHO
	End	ergy Choice, LLC	
2.	The complete street and mailing addr	esses of the init	tial designated/principal office:
		awk Trail, Victor, II	0 83455
	(Street Address) PO Box 15	64 , Victor, ID	83455
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Vcorp Services, LLC	8707 W. State St. D, Boise, ID 83714	
	(Name)	(Street Address)	
4.	The name and address of at least one company:	e member or ma	anager of the limited liability
			Address
	Brian Maw	PO Box	(156), Victor, ID 83455
5.	Mailing address for future correspond	•	
	Future effective date of filing (optiona		
_	nature of organizer(s). (An organizer is a n ng in behalf of a member or members).	nember, or is	
	Chilolop Color	DMG	Secretary of State use only
Signature Danielle Cohen			W 95784
ιyţ	ped Name. Danielle Cohen	ns/cert	W 13 137
Sia	nature	LC form 07/200	IDANO SECRETARY OF STATE
	ped Name:		08/23/2010 05 = 00 CK: 181958 CT: 232960 BH: 12358 1 8 188 88 = 188 88 0858N LLC #
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