FILED EFFECTIVE

CERTIFICATE OF O LIMITED LIABILIT (Instructions on back 1. The name of the limited liability com Henry's	Y COMPANY of application)	09 OCT -9 PM 4: 08 SECINE LANY OF STATE STATE OF IDAHO
2. The complete street and mailing add	Iresses of the initial desig	nated/principal office:
1000 S Island (Street Address)	d Glenn Way, Eagle ID 83616	
(Mailing Address, if different than street address) 3. The name and complete street addre	ess of the registered age	nt:
Tawni Weaver	1000 S Island Glenn	Way, Eagle ID 83616
(Name)	(Street Address)	
 The name and address of at least one member or manager of the limited liability company: <u>Name</u> <u>Address</u> Tawni Weaver 1000 S Island Glenn Way, Eagle ID 83616 		
5. Mailing address for future correspon 1000 S Island	dence (annual report not d Glenn Way, Eagle ID 83616	
6. Future effective date of filing (option	al):	
Signature of organizer(s). (An organizer is a acting in behalf of a member of members). Signature	Ist LC formsteart_org_ ftc.PMD	Secretary of State use only IDAHO SECRETARY OF STATE 10/13/2009 05:00 CK: 7158 CT: 44975 BH: 119663 1 8 188.08 = 188.88 ORDAN LLC #

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