

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 2013 JAN 18 AM 11: 30

	(Instructions on back of application) SECRETARY OF STATE STATE OF IDAHO
1.	The name of the limited liability company is:
	Essential Survival Solutions LLC
2.	The complete street and mailing addresses of the initial designated office:
	P.O. Box 382, Star, ID 83669
	14810 Southern Vista Ct Star ID
_	(Walling Address, il different trial street address)
3.	The name and complete street address of the registered agent:
	(Name) (Street Address) (Street Address)
4.	The name and address of at least one member or manager of the limited liability company:
	Name Address
	M.L. Castor 20211 Colebrook Ave, Caldwell, ID83605 Ed Handershot 7486 Southern Vista Ct. Stor Id8366
	Ed Hendershot 1486 Southern Vista (+, Star 128366)
5.	Mailing address for future correspondence (annual report notices):
	P.O. Box 38Z, Star ID 83669
_	, , , , , , , , , , , , , , , , , , , ,
6.	Future effective date of filing (optional):
_	nature of a manager, member or authorized son.
POI	Secretary of State use only
	nature 2 funder; h
Тур	ped Name: <u>Ed Hendersho</u>
Sia	IDAHO SECRETARY OF STATE 01/18/2013 05:00 CK: 2100 CT: 278393 BH: 1356490
Sig	nature CK: 2100 CT: 278393 BH: 1356490 1 # 100.00 = 100.00 ORGAN LLC # 2

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Typed Name: ML Castor

9/21/2012