



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2010 MAR 26 AM 11:14

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Madison, LLC

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

PO BOX 575 Glens Ferry, ID 83823

(Street Address)

1096 North Eastland Drive Suite 200 Twin Falls, ID 83301

(Mailing Address, if different than street address)

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

Dustin Fink

(Name)

154 W GARFIELD GLENN'S FERRY ID 83623

(Street Address)

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

Name

Dustin Fink

Address

PO BOX 575 Glens Ferry, ID 83823

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

1096 North Eastland Drive Suite 200 Twin Falls, ID 83301

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:

Dustin Fink

Signature _____

Typed Name: _____

Secretary of State use only

9 copy/mem/LLC form/chart_org_llc.PMD
Revised 07/2008

IDAHO SECRETARY OF STATE
03/26/2010 05:00
CK: 488934 CT: 172899 BH: 1214925
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