

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

N EFFECTIVE

(Instructions on back of application)

10 OCT 12 AM 8: 23

1.	The name of the limited liability con	npany is:	SECRE ARY OF STATE STATE OF IDAHO
2.	The complete street and mailing addresses of the initial designated/principal office: 1003 CITY CREEK, POCATELLO, IDAHO 83204		
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	TRENT POWELL	1003 CITY CR	EEK, POCATELLO, IDAHO 83204
	(Name)	(Street Address)	73406
	The name and address of at least one member or manager of the limited liability company:		
	Name		<u>Address</u>
	TRENT POWELL	1003 CITY CREEK, POCATELLO, IDAHO 83204	
	MORGAN RICHARDSON	1003 CITY CREEK, POCATELLO, IDAHO 83204	
5. N	Mailing address for future correspond 1003 CITY CREEK, POCATELLO, IDAHO	•	I report notices):
6. F	Future effective date of filing (optional):		
Sign: perso	ature of a manager, member or	authorized	
	ature Trut Fowell		Secretary of State use only
Гуре	d Name: TRENT POWELL		
Signa	ature Morgan Richardson		
Type	d Name MORGAN RICHARDSON	ĺ	IDAHO SECRETARY OF STATE

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IDAHO SECRETARY OF STATE

10/12/2010 05:00

CK: 40148 CT: 251897 BH: 1242468
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