## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

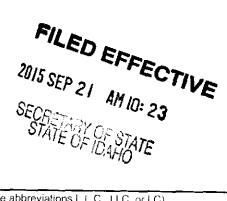
Complete and submit the application in duplicate.

1. The name of the limited liability company is:

Printed Name:

Signature:

Rev. 08/2015



(Remember to include the word	s "Limited Liability Company," "Lin	nited Company," or the abbreviations L.Ł.C., LLC, or LC)
The complete street and maili	ng addresses of the pr	incinal office is:
33572 Apple Valley Rd, Parm		incipal office is.
(Street Address)		
PO Box 659, Fruitland, ID 836	319	
(Mailing Address, if different)		
The name and complete stree	et address of the registe	ered agent:
Aaron Christopheson	33572 Apple Valley Rd, Parma, ID 83660	
(Name)	(Address)	
The name and address of at le	east one governor of th	e limited liability company:
Aaron Christopherson	33572 Apple Valley Rd, Parma, ID 83360	
(Name)	(Address)	
(Name)		
	(Address)	
(Name)	(Address)	
(Name)	(Address)	
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Mailing address for future corr	espondence (annual re	eport notices):
PO Box 659, Fruitland, ID 836		port (folioco).
(Address)		
ature of organizer(s).		
ed Name: Aaron Christopherson		Secretary of State use only
o Name: / salot official	· · · · · · · · · · · · · · · · · · ·	IDANO SECRETARY OF STATE
		09/21/2015 05:00 CK:1474 CT:283677 BH:1493099
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