



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 JAN 28 PM 1:45

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Keith L. Powell, LLC

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

173 Harvest Circle, Idaho Falls, ID 83404

(Street Address)

(Mailing Address, if different than street address)

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

Marvin M. Smith

(Name)

591 Park Ave., Suite 202, Idaho Falls, ID 83402

(Street Address)

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

Name

Address

Melva J. Powell

173 Harvest Circle, Idaho Falls, ID 83404

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

173 Harvest Circle, Idaho Falls, ID 83404

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 Melva J. Powell

Typed Name: Melva J. Powell

Signature _____

Typed Name: _____

Secretary of State use only

g:\copy\forms\LLC form\cert_org_llc.PMD
Revised 07/2008

IDAHO SECRETARY OF STATE
01/28/2010 05:00
CK: 527 CT: 244366 MH: 1205577
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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