



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY FILED EFFECTIVE

(Instructions on back of application)

2014 MAR -5 AM 9:00

1. The name of the limited liability company is:

Thrive ICFID, LLC

SECRETARY OF STATE
STATE OF IDAHO

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

512 6th Street Rupert ID 83350

(Street Address)

P.O. Box 714 Rupert ID 83350

(Mailing Address, if different than street address)

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

Jerrold K. Catmull

(Name)

325 S. 400 W. Heyburn, ID 83336

(Street Address)

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

Name

Address

Heather Harper

107 Pelican Drive Rupert, ID 83350

Branden Smalley

4136 N. Meadow Ridge Twin Falls, ID 83301

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

P.O. Box 714 Rupert, ID 83350

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Branden Smalley

Typed Name: Branden Smalley

Secretary of State use only

Signature

Typed Name:

IDAHO SECRETARY OF STATE

03/05/2014 05:00

CK: 397100007 CT: 293062 BH: 1413712

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