CERTIFICATE OF O		FILED EFFECTIV
(Instructions on back	of application)	
1. The name of the limited liability com	pany is:	2010 MAR 26 AM 8= 31
	Aullin Enterprises LLC	SECRETARY OF STATE
2. The complete street and mailing add 244 Maurine D	resses of the initial designive Idaho Falls, Idaho 8340	gnated Milcipaliantic:
(Street Address)		
(Mailing Address, if different than street address)		
3. The name and complete street addre	ess of the registered age	nt:
John David Mullin	244 Maurine Drive Id	aho Falls, Idaho 83401
(Name)	(Street Address)	
 The name and address of at least on company: 	e member or manager o	of the limited liability
Name		ireas
John David Mullin	244 Maurine Drive Id	aho Falls, Idaho 83401
		an a
	· · · · · · · · · · · · · · · · · · ·	
5. Mailing address for future correspond John David Mullin 244	· ·	ices): s, Idaho 83401
6. Future effective date of filing (optiona	l):	
Signature of organizer(s). (An organizer is a n acting in behalf of a member or members).	nember, or is	
Signature for David Mullin	Comptomission of the PMD Revised 01/2008	Secretary of State use only
	20	IDAND SECREDARY DE GTARE
Signature Typed Name:	navLLC form	03/26/2010 05:20 CK: 488859 CT: 172099 BH: 1214 1 8 108.80 = 106.80 05:201