

CERTIFICATE OF ORGANIZATION EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 JUL 19 AM 8: 45

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|--------------|---|--|--|
| 1. 1 | The name of the limited liability co | mpany is: | SECHE MY OF STATE STATE OF IDAHO |
| | Oli | ver Investments, LLC | STATE OF IDAHO |
| | The complete street and mailing ad 551 South 1st East, Preston, ID 83263 (Street Address) | | esignated/principal office: |
| | | | |
| _ | (Mailing Address, if different than street address) | | |
| В. Т | The name and complete street address of the registered agent: | | |
| | Thomas J. Holmes (Name) | 203 S. Garfield, Pocatell (Street Address) | o, ID 83201 |
| | The name and address of at least one member or manager of the limited liability company: Name Address | | |
| | Gayle Sedgwick 551 South 1st, Preston, ID 83263 | | |
| 5. N | Mailing address for future correspo | ndence (annual report | notices): |
| | PO Box 967, Pocatello, ID 83204 | | |
|). F | future effective date of filing (option | nal): | |
| ign: ersc | ature of a manager, member or | authorized | |
| | | / | Secretary of State use only |
| | d Name. <u>Gayle Sedgwick</u> | | CHPHPW |
| ians | ature | | IDAHO SECRETARY OF STATE 07/19/2010 05:00 |
| _ | d Name: | | CK: 6656 CT: 2982 BH: 1231226 |