



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

09 MAY -4 AM 8:46

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Pro-Squeeze LLC.

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

149 North 100 West Blackfoot, Idaho 83221
(Street Address)

(Mailing Address, if different than street address)

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

Ted Morgan Spillet 149 North 100 West Blackfoot, Idaho
(Name) (Street Address) 83221

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

Name	Address
<u>Ted Morgan Spillet</u>	<u>149 North 100 West Blackfoot Idaho</u> 83221
_____	_____
_____	_____
_____	_____

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

149 North 100 West Blackfoot, Idaho 83221

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 T Morgan Spillet
Typed Name: Ted Morgan Spillet

Signature _____
Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
05/04/2009 05:00
CK: 148 CT: 236732 BN: 1168775
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