

CERTIFICATE OF ORGANIZATION 10 JAN 29 AM 9: 36 LIMITED LIABILITY COMPANY

(Instructions on back of application)

•	• •	•	STATE OF IDALIA
. The name of the limited I	iability company is:		
	Seven Sibling	gs, LLC	
·	mailing addresses of E. 25th Street, Suite 200		designated/principal office:
(Street Address)			
(Malling Address, if different than str	eet address)		<u> </u>
The name and complete s	street address of the	registered	agent:
Derek C. Ence	2235 E.	25th Street,	Suite 200, Idaho Falis, ID 83404
(Name)	(Street Add	iress)	
The name and address of company:	at least one membe	er or manaç	
<u>Name</u>	2004 5	APN 81 1	Address
Roger Ball	2235 E.	25th Street,	Suite 200, Idaho Falls, ID 83404
. Mailing address for future	· · · · · · · · · · · · · · · · · · ·	•	·
2235	E. 25th Street, Suite 200	0, Idaho Falls,	, ID 83404
. Future effective date of fill	na (ontional):		
i dialo chodivo dato of the	ng (optional).		
gnature of organizer(s). (An o	rganizer is a member, or	ris	
ting in behalf of a member or mer	· ·		Constant of Otata and add
The same		O.W.	Secretary of State use only
ignature Dere	k C. Ence	Bag	
ypou Mailie		Second Se	Their granpmens in ac-
ignature		PNomsULC formskert org. It. PMD Revised 07/2008	IDANO SECRETARY OF STATE 01/29/2010 05:10
yped Name:		forms\i\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	LR: 14/10 CT: 160173 BH: 120 1 0 100.00 = 100.00 CROAN LL
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$\delta \times \alpha \times	1 # 20.00 = 28.00 EXPEDITE