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**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2011 MAR 15 PM 4:36

1. The name of the limited liability company is:
CHOICE CONCEPTS, LLC

2. The complete street and mailing addresses of the initial designated/principal office:
16674 E. Cape Horn Rd., Bayview, ID 83803
(Street Address)
P. O. Box 255, BAYVIEW, ID 83803-0255
(Mailing Address, if different than street address)

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

Kathleen R. Ellis
(Name)

16674 E. Cape Horn Rd., Bayview, ID 83803
(Street Address)

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

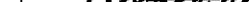
<u>Name</u>	<u>Address</u>
Kathleen R. Ellis	18674 E. Cape Horn Rd., Bayview, ID 83803

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

P. O. Box 255, Bayview, ID 83803

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature 
Typed Name: Kathleen R. Ellis

Secretary of State use only

Signature _____
Typed Name: _____

IDaho SECRETARY OF STATE
03/16/2011 05:00
CK: 629823 CT: 172899 BH: 1264515
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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