CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 2014 APR 10 AM 9: 01

FILED EFFECTIVE

(Instructions on back of application)

-	(Instructions on back	k or applicatio	" CENTELLAY DE STATE	
1.	The name of the limited liability co.	mpany is:	STATE OF TRANS	
	Shadow Maintenance & Construction LL	•	Vest of brand	
2.	The complete street and mailing ac 4011 E 49th S Idaho Falls, Idaho 83406	idresses of th	e initial designated office:	
	(Street Address)			
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	James Mattson Sr	962 Syringa	Or Idaho Fails, Idaho 83401	
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:			
	<u>Name</u>		Address	
	James Mattson Sr	962 Syringa	Or Idaho Falls, Idaho 83401	
5.	Mailing address for future correspo 4011 E 49th S Idaho Falls, Idaho 83406	ndence (annu	al report notices):	
6.	. Future effective date of filing (optional):			
_	nature of a manager, member or son.	r authorized		
F			Secretary of State use only	
Sig	nature farm Matte			
Тур	ped Name: James Mattson Sr.			
Sig	nature		IDAHO SECRETARY OF STATE 94/10/2014 95:00 CK: 638188931 CT: 295490 BH: 141957	
Тур	ed Name:		1 @ 100.00 = 100.00 ORGAN LLC # 2	

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