

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE 09 APR 13 AM 8: 30

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO 1. The name of the limited liability company is: S & L Enterprizes L.L.C. 2. The complete street and mailing addresses of the initial designated/principal office: 440 West 6th South - St. Anthony, ID 83445 (Street Address) (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: Samuel Layne Stucki 440 West 6th South - St. Anthony, ID 83445 (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name Address 440 West 6th South - St. Anthony, ID 83445 Samuel Layne Stucki DiAnne Larson-Stucki 440 West 6th South - St. Anthony, ID 83445 Mailing address for future correspondence (annual report notices): 440 West 6th South - St. Anthony, ID 83445 6. Future effective date of filing (optional): ____ Signature of organizer(s). (An organizer is a member, or is

Secretary of State use only

Samuel Layne Stucki

acting in behalf of a member or members).

Typed Name:

Typed Name:

Signature

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