

## CERTIFICATE OF ORGANIZATION

1013 JUL 16 AM 9 00

LIWITED LIABILITY	
(Instructions on back	of application)  STATE OF THE STATE
1. The name of the limited liability con	npany is:
PBDC, LLC	
The complete street and mailing add     680 May Street, Idaho Falls, ID 83401	dresses of the initial designated office:
(Street Address) Same	
(Mailing Address, if different than street address)	
3. The name and complete street addr	ess of the registered agent:
Jeffrey Scott Struchen	1301 E. 17th Street, Suite 1, Idaho Falls, ID 83404
(Name)	(Street Address)
4. The name and address of at least of company:  Name	ne member or manager of the limited liability
Jeffrey Scott Struchen	Address 1301 E. 17th Street, Suite 1, Idaho Falls, ID 83404
Tina Miller	1301 E. 17th Street, Suite 1, Idaho Falls, ID 83404
5. Mailing address for future correspondence (annual report notices):  c/o Jeff Struchen, 1301 E. 17th Street, Suite 1, Idaho Falls, ID 83404	
6. Future effective date of filing (option	al): NA
Signature of a manager, member or person.	authorized Secretary of State use only
Signature / Signat	Thut
Signature Typed Name:	IDAHO SECRETARY OF STATE  07/16/2013 05:00  CK: 3676 CT: 285344 BH: 1382208 1 # 189.99 = 199.99 ORGAN LLC # 2
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