



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

FILED EFFECTIVE

2015 JAN -6 PM 3:35

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Harwood APD LLC.

2. The complete street and mailing addresses of the initial designated office:

1265 Parkway Dr. Ste. B Blackfoot ID 83221

(Street Address)

(Mailing Address, if different than street address)

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

Shon Gregersen

(Name)

1265 Parkway Dr. Ste. B Blackfoot ID 83221

(Street Address)

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

Name

Shon Gregersen

Address

1265 Parkway Dr. Ste. B Blackfoot ID 83221

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

1265 Parkway Dr. Ste. B Blackfoot ID 83221

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Shon Gregersen

Secretary of State use only

Signature

Typed Name:

IDaho SECRETARY OF STATE

01/06/2015 05:00

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