



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 JUN -3 AM 9:31
SECRETARY OF STATE
IDaho

1. The name of the limited liability company is:

CVL Supply LLC

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

372 West Pine Street, Pocatello, ID 83201

(Street Address)

(Mailing Address, if different than street address)

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

Bryce C. Lloyd

(Name)

285 NW Main, P.O. Box 1047, Blackfoot, ID 83221

(Street Address)

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

Name

Address

Curtis Lowe

372 West Pine Street, Pocatello, ID 83201

Veronica Lowe

372 West Pine Street, Pocatello, ID 83201

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

P.O. Box 1047, Blackfoot, ID 83221

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

Signature of a manager, member or authorized person.

Secretary of State use only

Signature Curtis Lowe

Typed Name: CURTIS LOWE

Signature Veronica Lowe

Typed Name: VERONICA LOWE

IDaho SECRETARY OF STATE
06/03/2013 05:00
CK: 25565 CT: 3117 BH: 1376348
1 @ 100.00 = 100.00 ORGAN LLC # 2

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