

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY II MAR -4 AM 8: 50

	(Instructions on bac	k of application)	CECCO ON OF OWNER
1.	The name of the limited liability co	mpany is:	SECRET BY OF STATE STATE OF IDAHO
	SBP Holdings LLC		
2.	The complete street and mailing at 1000 Riverwalk Drive, Idaho Falls, ID 83		al designated/principal office:
	(Street Address) PO Box 51330, Idaho Falls, ID 83405-13		
3.	(Mailing Address, if different than street address) The name and complete street address of the registered agent:		
	The hame and complete succt address of the registered agent.		
	David Stoddard	2819 Meadowlark Lane, Idaho Falls, ID 83402	
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>		Address
	David Stoddard	2819 Meadowlark Lane, Idaho Falls, ID 83402	
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		<u> </u>	
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5.	Mailing address for future correspondence (annual report notices):		
	PO Box 51330, Idaho Falls, ID 83405-1330		
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О.	Future effective date of filing (optio	nai):	
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_	nature of a manager, member o son.	r autnorized	
-			Secretary of State use only
Sig	nature 1 - Sunt From		
	ped Name: David Stoddard		
Sig	nature	6	IDAHO SECRETARY OF STATE
_	and Namo:		03/04/2011 05:00

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