

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instruct	TE OF ORGANIZATION LIABILITY COMPANY ions on back of application) AM 8: STATE OF S
The name of the limite	d liability company is:
The complete street an 1173 E 1400 N Shelley, IE (Street Address)	nd mailing addresses of the initial designated office: 0 83274
(Mailing Address, if different than	a street address)
-	te street address of the registered agent:
company:	(Street Address) a of at least one member or manager of the limited liability
(Name) The name and address company: Name	(Street Address) s of at least one member or manager of the limited liability Address
(Name) The name and address company:	(Street Address) s of at least one member or manager of the limited liability
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(Name) The name and address company: Name	(Street Address) s of at least one member or manager of the limited liability Address
(Name) The name and address company: Name Sandy Clark	(Street Address) s of at least one member or manager of the limited liability Address 1173 E 1400 N Shelley, ID 83274 Ure correspondence (annual report notices):

Signature Charles

Typed Name: Chris Clark

Signature

Typed Name: Sandy Clark

IDAHO SECRETARY OF STATE

@6/19/2013 @5:00

CK: 1883 CT: 284477 BH: 1378766
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