

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 AUG -8 AM 8: 46

| The name of the limited liability company is: | SECRETARY OF STATE |
|---|--|
| Re' & clectique L.L.C. | STATE OF IDAHO |
| 2. The complete street and mailing addresses of the initial designated office: | |
| 260 A Street, Iduho Falls, ID | |
| (Mailing Address, if different than street address) | |
| 3. The name and complete street address of the registered agent: | |
| Sherri Biorn 1223 S. Lee Av (Name) (Street Address) | e. Idako Falls ID 83404 |
| The name and address of at least one member or manager of the limited liability company: | |
| Sherri Biorn 1223 5. Lee Ave Monioue Purcell P.O. Box 2598 IF, IO 2340 | |
| | |
| 5. Mailing address for future correspondence (annual report notices): 260 A Street, Iduho Falls ID | |
| 6. Future effective date of filing (optional): | |
| Signature of a manager, member or authorized person. | |
| | rry of State use only |
| Typed Name: Shekki Biokh | |
| Signature | IDAHO SECRETARY OF STATE |
| · 98 | /08/2012 05:00 108 CT: 273875 BH: 1335101 108 CT: 273875 BH: 1335101 |

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