



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 JUN 15 PM 3:07

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:
A & S, LLC
2. The complete street and mailing addresses of the initial designated office:
412 W. Spruce Street Mackay Idaho 83251
(Street Address)
P.O. Box 592 Mackay Idaho 83251
(Mailing Address, if different than street address)
3. The name and complete street address of the registered agent:
Anthony A Tappan
(Name) 412 W. Spruce Street Mackay Idaho 83251-0592
(Street Address)
4. The name and address of at least one member or manager of the limited liability company:

<u>Name</u>	<u>Address</u>
Anthony A Tappan	P.O. Box 592 Mackay Idaho 83251
Shanna L Pederson	P.O. Box 592 Mackay Idaho 83251
5. Mailing address for future correspondence (annual report notices):
P.O. Box 592 Mackay Idaho 83251
6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Anthony A Tappan
Typed Name: Anthony A Tappan

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
06/15/2015 05:00
CK:2935068 CT:172099 BH:1479965
1@ 100.00 = 100.00 ORGAN LLC #2

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