

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 APR 29 AM 11:51

(Instructions on back of application)

STATE OF IDAHO

	(modulation on buok of application)	STATE OF IDAHO
1.	The name of the limited liability company is:	· · · · · · · · · · · · · · · · · · ·
	KEIM, LLC	
2.	The complete street and mailing addresses of the initial of 2650 5. Co/E	designated/principal office:
	(Street Address)  Boise Idaho 83709  (Mailing Address, if different than street address)	
3.	The name and complete street address of the registered	agent: 2650 S. Colo
	The name and complete street address of the registered  Wilbur C. Andress  (Name)  (Street Address)	Boise Idaho 83709
	The name and address of at least one member or manage company:	
	Edgar M. Threft TR 135	D Prospel ME
		70/A CALIF 25010
5.	Mailing address for future correspondence (annual report	A CALIF 950/D
6. Future effective date of filing (optional):		
Sigr pers	nature of a manager member or authorized	
	naturie 4/≥9/11	Secretary of State use only
•	ed Name: Edgme M. ThorFT JE	
_	pature	IDAHO SECRETARY OF STATE
Туре	ed Name:	CK: 665835 CT: 172099 BH: 1271551 1 8 108.00 = 108.00 DRGAN LLC # 2

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