Printed Name: Robert L. Martin

Printed Name:

Signature:



1.

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

The name of the limited liability company is:

Complete and submit the application in duplicate.

2016 DEC 16 PM 3: 44 SECRETARY OF STATE STATE OF IDAHO

290 Nye Road, Twin Bridges	ling addresses of the principal office is:
Street Address)	5, MT 59754
•	
Malling Address, if different)	
The name of the registered a	agent and the street address of the registered agent:
Gregory L. Crockett	428 Park Avenue, Idaho Falls, ID 83402
Name)	(Address cannot be a post office box or postal mail box.)
	least one governor of the limited liability company:
Robert L. Martin	290 Nye Road, Twin Bridges, MT 59754
Nama)	(Address)
Kathryn J. Martin	290 Nye Road, Twin Bridges, MT 59754
Name)	(Address)
Name)	(Address)
Name)	(Address)
Mailing address for future co	rrespondence (annual report notices):
Gregory L. Crockett, 428 Pai	rk Avenue, Idaho Falis, ID 83402
(Address)	

IDAHO SECRETARY OF STATE 12/19/2016 05:00

CK: 4431450 CT: 172039 BH: 1553843 10 100.00 = 100.00 ORGAN LLC #2 16 20.00 = 20.00 EXPEDITE C #3

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