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**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

FILED EFFECTIVE

(Instructions on back of application)

2009 JUN -8 AM 11:28

1. The name of the limited liability company is:

SECRETARY OF STATE
STATE OF IDAHO

EAGLE ROCK SPECIALTIES LLC

2. The complete street and mailing addresses of the initial designated/principal office:

966 LINCOLN ROAD SUITE B IDAHO FALLS, ID 83401

(Street Address)

P.O. BOX 51436 IDAHO FALLS, ID 83405

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

ASHLEY QUIROZ

2740 MARY DRIVE IDAHO FALLS, ID 83402

(NAME)

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Names

Address

MIKE HENDRICKSON

2740 MARY DRIVE IDAHO FALLS, ID 83402

5. Mailing address for future correspondence (annual report notices):

P.O. BOX 51436 IDAHO FALLS, ID 83405

6. Future effective date of filing (optional): _____

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature _____

Typed Name: _____

Signature 

Typed Name: MIKE HENDRICKSON

Secretary of State use only

W 84554

IDAHO SECRETARY OF STATE
06/08/2009 05:00
CK: 259096 CT: 172099 DH: 1173837
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