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CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2009 MAR -2 AM 8:14

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Provost Application, LLC

2. The complete street address, and mailing address if different, of the initial designated/
-
- principal office:

21027 Notus Rd Greenleaf, Idaho 83626

3. The name of the commercial registered agent; or the name and complete street
-
- address of the non-commercial registered agent:

Michael R. Provost

21027 Notus Rd Greenleaf Id
83626

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

NameAddress

Michael R. Provost

21027 Notus Rd Greenleaf, Idaho 83626

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

21027 Notus Rd Greenleaf, Idaho 83626

6. Future effective date of filing (optional):

Signature of an organizer(s). (An organizer is a member,
or is acting in behalf of a required, and existing, initial member
or members).

Signature

Michael R. Provost

Typed Name:

Michael R. Provost

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
03/02/2009 05:00
CK: 287262 CT: 172099 BN: 1159635
1 @ 100.00 = 100.00 ORGAN LLC # 2g:\compliance\LLC form\cert_org_8c.PMD
Revised 07/2008

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