



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the limited liability company is:

2012 JUL -2 AM 9: 47

SECRETARY OF STATE STATE OF IDAHO

	GENESIS 2012 LLC
2. The complete street and mailing 2021 MALIBU DRIVE ,IDAHO FALLS (Street Address)	g addresses of the initial designated office: S ,ID
(Mailing Address, if different than street addre	ess)
3. The name and complete street	
G. RAY PRIGGE (Name)	2021 MALIBU DRIVE ,IDAHO FALLS ,ID 83404 (Street Address)
(reality)	(Object Multicas)
4. The name and address of at leacompany:	ast one member or manager of the limited liability
Name	Address
G. RAY PRIGGE	2021 MALIBU DRIVE ,IDAHO FALLS ,ID 83404
5. Mailing address for future corre	spondence (annual report notices):
2021 MALIBU DRIVE ,IDAHO FALLS	S ,ID 83404
6. Future effective date of filing (o	ptional):
Signature of a manager, membe	
person.	i oi autilorized
Harris	Secretary of State use only
Signature Say Coppe	
Typed Name: G. RAY Prigg	je
Signature	IDAHO SECRETARY OF STATE
Typed Name:	07/02/2012 05:00 CK: 739 CT: 119828 BH: 1338561

W115290