



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

11 JUL 18 AM 10:20

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Aquatic Expressions, LLC

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

425 West 20th Street, Idaho Falls, Idaho 83402

(Street Address)

(Mailing Address, if different than street address)

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

Chris S Hayes

(Name)

890 Oxford Drive, Idaho Falls, Idaho 83401

(Street Address)

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

Name

Address

Jennifer Nelson

425 West 20th Street, Idaho Falls, Idaho 83402

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

890 Oxford Drive, Idaho Falls, Idaho 83401

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Jennifer Nelson

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
07/18/2011 05:00
CK: 7566 CT: 104250 BH: 1202025
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