



**CERTIFICATE OF ORGANIZATION  
LIMITED LIABILITY COMPANY**

**FILED EFFECTIVE**

2015 APR -1 AM 8:34

(Instructions on back of application)

1. The name of the limited liability company is:

F.A.S.S.T. LLC.

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

95 Horrocks Dr. BLACKFOOT, IDAHO 83221  
(Street Address)

(Mailing Address, if different than street address)

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

CASEY L. ANDERSON  
(Name)

95 Horrocks Dr. BLACKFOOT, IDAHO  
83221  
(Street Address)

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

CASEY L. ANDERSON  
Name

95 Horrocks Dr. BLACKFOOT  
IDAHO 83221  
Address

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

95 Horrocks Dr. BLACKFOOT, IDAHO 83221

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: CASEY L. ANDERSON

Signature

Typed Name: \_\_\_\_\_

Secretary of State use only

IDaho SECRETARY OF STATE

04/01/2015 05:00

CK:1499 CT:308421 BH:1468927  
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