



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 APR -1 AM 8:34

1. The name of the limited liability company is:

F.A.S.S.T. D.T.E. 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

CR:1499 CT:308421 BH:1468927
1@ 100.00 = 100.00 ORGAN LLC #2

W149863