FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

	FIIAII I			TY COMP	111	MAR -7 PM 3: 56
	(1	nstructio	ons on bacl	k of application)	S	ECRETARY OF STATE STATE OF IDAHO
1. The nam	ne of the	e limited	l liability co	mpany is:		STATE OF TOTAL
Pro Plaz	za, LLC					
	ımmers Dı		l mailing ac ourg, idaho 8	ddresses of the	initial designat	ted office:
(Mailing Ad	ddress, if diff	ferent than s	street address)			
3. The nam	ne and c	omplete	street add	ress of the regi	stered agent:	
Troy Eva	ans			49 Professiona	Plaza, Rexburg	, Idaho 83440
(Name)				(Street Address)		
4. The nam	у:		of at least o	one member or	manager of th	e limited liability
Mike Me		Name		1182 Supremore	Address	t Idaho 83440
				i ioo oummeis	Linve Reynlin	
Andrea I	Merrell		e ar op tety o z		Drive, Rexburg,	
Andrea	Merrell		ran a ten			
5. Mailing a	address t	orsberg La	e correspoi aw Offices, C	1183 Summers ndence (annual	Drive, Rexburg, report notices al Plaza, Rexbu	Idaho 83440 6): rg, Idaho 83440
5. Mailing a	address t	orsberg La	e correspoi aw Offices, C	1183 Summers	Drive, Rexburg, report notices al Plaza, Rexbu	Idaho 83440 6): rg, Idaho 83440
5. Mailing a c/o Troy 6. Future et	address to Evans, Fo	date of f	e correspon aw Offices, C	1183 Summers ndence (annual	Pive, Rexburg,	Idaho 83440
5. Mailing a c/o Troy 6. Future el signature of	address to Evans, For	date of f	e correspond aw Offices, C filing (option member or	ndence (annual htd., 49 Profession	Drive, Rexburg, report notices al Plaza, Rexbu	Idaho 83440 S): rg, Idaho 83440 stary of State use only
5. Mailing a c/o Troy 6. Future el	address to Evans, For	date of f	e correspond aw Offices, C filing (option member or	ndence (annual htd., 49 Profession	Pive, Rexburg,	Idaho 83440
5. Mailing a c/o Troy 6. Future electron.	address to Evans, For	date of f	e correspond aw Offices, C filing (option member or ganizer	ndence (annual chtd., 49 Profession nal):	report notices	Idaho 83440 S): rg, Idaho 83440 stary of State use only

9/21/2012

cert_org_lic Rev. 07/2010