



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
2014 JAN 21 AM 9:52

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Teddee Nelson L.L.C.

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

1160 Blue Ridge Dr
(Street Address)

Idaho Falls, Id. 83402
(Mailing Address, if different than street address)

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

Teddee Nelson
(Name)

1160 Blue Ridge Dr.
(Street Address)

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

M. Scott Nelson
Name

1160 Blue Ridge Dr.
Address

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

1160 Blue Ridge Dr. Idaho Falls, Id. 83402

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Teddee J. Nelson

Typed Name: Teddee J. Nelson

Signature M. Scott Nelson

Typed Name: M. Scott Nelson

Secretary of State use only

W133364

IDAHO SECRETARY OF STATE
01/21/2014 05:00
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