

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 09 MAR -4 AM 8:14

(Instructions on back of application)

The complete street and mailin	g addresses of the initial designated/principa	al office:
	abin Cove, Idaho Falls, idaho 83404	
(Street Address)		
(Mailing Address, if different than street address	ress)	
. The name and complete street	address of the registered agent:	ē *
Christopher E. Watts	1191 Cabin Cove, Idaho Falls, Idaho 8	3404
(Name)	(Street Address)	
The name and address of at leacompany: Name Carl Anthony Poole	ast one member or manager of the limited lia Address 4314 East, High Desert Drive, Ammon, Ida	y William
Christopher E. Watts	1191 Cabin Cove, Idaho Falls, Idaho 8	3404
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~	espondence (annual report notices):	
1191 C	abin Cove, Idaho Falls, Idaho 83404	
Future effective date of filing (o	ptional):	
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ignature of organizer(s). (An organiz	er is a member, or is	
cting in behalf of a member or members)	Secretary of State use	e only
ignature Chrylothy E L	1/2 22 . In the second of th	
	. Watts	
yped Name: Christopher E.		
yped Name: Christopher E.	COOR THAIR TO	SETADY NE OTA
yped Name: Christopher E. Signature yped Name:	Watts IDANO SECU (X: 1689 CT: 1 0 160.00 =	RETARY OF STI 2009 05

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