



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 NOV 15 AM 8:41

1. The name of the limited liability company is:

Cogiplex, LLC.

SECRETARY OF STATE  
STATE OF IDAHO

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

111 Four Seasons Way, #12, Ketchum, ID 83340

(Street Address)

PO Box 7037, Ketchum, ID 83340

(Mailing Address, if different than street address)

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

Samuel C. Stronach, Jr

(Name)

111 Four Seasons Way, #12, Ketchum, ID 83340

(Street Address)

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

**Name**

**Address**

Samuel C. Stronach, Jr

PO Box 7037, Ketchum, ID 83340

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

Samuel C. Stronach, Jr., PO Box 7037 Ketchum, ID 83340

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature \_\_\_\_\_

Typed Name: Samuel C. Stronach, Jr.

Signature \_\_\_\_\_

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

Secretary of State use only

IDAHO SECRETARY OF STATE  
11/15/2010 05:00  
CK: 1113 CT: 252762 BH: 1247101  
1 @ 100.00 = 100.00 ORGAN LLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3