



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 JUL 19 AM 8:50

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

ALL CAST, LLC

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

3181 BUMP T RD, ASHTON, ID 83420

(Street Address)

PO BOX 78, ASHTON, ID 83420

(Mailing Address, if different than street address)

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

BRAIDE SHAE SESSIONS

(Name)

3181 BUMP T RD, ASHTON, ID 83420

(Street Address)

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

NameAddress

BRAIDE SHAE SESSIONS

PO BOX 78, ASHTON, ID 83420

LORI KOYLE SESSIONS

PO BOX 78, ASHTON, ID 83420

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

15 WEST MAIN ST, REXBURG, ID 83440

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

Signature of a manager, member or authorized person.

Signature Braide Sessions

Typed Name: BRAIDE SHAE SESSIONS

Signature Lori Sessions

Typed Name: LORI KOYLE SESSIONS

Secretary of State use only

W94954

IDAHO SECRETARY OF STATE
07/19/2010 05:00
CK: 4271 CT: 249691 BH: 1231114
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