

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANYFILED EFFECTIVE

经基	(Instructions on ba	ck of application)	2011 SEP 16 AM 9: 31
1.	The name of the limited liability of	company is:	SECRETARY OF STATE STATE OF IDAHO
	Commercial Capital Management, LLC		STATE OF IDATIO
2.	The complete street and mailing a 4530 S. 5th West, Idaho Falls, ID 8340		gnated/principal office:
	(Street Address)		
	(Mailing Address, if different than street address	3)	
3.	The name and complete street address of the registered agent:		
	Kevin Cutler	3105 Escalante Avenue, Ida	eho Falls, ID 83404
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u> Brent Wilson	Address 4530 S. 5th West, Idaho Falls, ID 83404	
		465 Berrett Ave., Pocatello, ID 83201	
	Donald Zebe		
	Eric Wall	620 Linder Ave., APT 21, Kuna, ID 83634	
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5.	Mailing address for future correspondence (annual report notices):		
	4530 S. 5th West, Idaho Falls, ID 83404		
6.	Future effective date of filing (optional):		
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_	nature of a manager, member son.	or authorized	
•			Secretary of State use only
Sig	nature Barnetout		
Тур	ed Name: Brent Wilson		
~ .			
Sign	nature		

IDAHO SECRETARY OF STATE
09/16/2011 05:00
CK: 785582 CT: 172899 BH: 1298661
1 8 188.89 = 188.80 ORGAN LLC # 2

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Typed Name: _____