



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 DEC 13 PM 1:44

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

HMP Solutions L.L.C.

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

4570 Bloom Street

(Street Address)

83703 Boise, ID

(Mailing Address, if different than street address)

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

Pascal Haase

(Name)

4570 Bloom Street, 83703 Boise, ID

(Street Address)

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

Name

Address

Pascal Haase

4570 Bloom Street, 83703 Boise, ID

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

4570 Bloom Street, 83703 Boise, ID

6. Future effective date of filing (optional): 01/01/2012

Signature of a manager, member or authorized person.

Signature *Pascal Haase*
Typed Name: Pascal Haase

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/13/2011 05:00
CK: 852252 CT: 172899 DN: 1381534
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