



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2014 NOV 21 AM 9:25

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Lapis Opes LLC

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

1013 Rocky Point Rd - Pocatello, ID 83204

(Street Address)

(Mailing Address, if different than street address)

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

Laurie Rose Romasko

(Name)

1013 Rocky Point Rd, Pocatello, ID 83204

(Street Address)

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

Name

Address

Laurie Rose Romasko

1013 Rocky Point Rd - Pocatello, ID 83204

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

1013 Rocky Point Rd, Pocatello, ID 83204

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Laurie Rose Romasko

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

11/21/2014 05:00

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