

251

FILED EFFECTIVE <sup>2</sup>

# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 DEC 13 AM 9:04

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Lynn Mickelsen, LLC

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

987 S. 55th West

(Street Address)

Idaho Falls, ID 83402

(Mailing Address, if different than street address)

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

Lynn Mickelsen

(Name)

987 S. 55th West, Idaho Falls ID 83402

(Street Address)

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

NameAddressLynn Mickelsen987 S. 55th West, Idaho Falls ID 83402

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

987 S 55th W Idaho Falls ID 83402

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: Lynn Mickelsen, Manager

Signature \_\_\_\_\_

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

Secretary of State use only

IDAHO SECRETARY OF STATE

12/13/2012 05:00

CK: NONE CT: 113824 BH: 1351167

1 @ 100.00 = 100.00 ORGAN LLC # 2

1 @ 20.00 = 20.00 EXPEDITE C # 3

W119830