

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPARY

(Instructions on back of application)

2015 MAY 29 AM 8: 26	
SECRETARY OF STATE STATE OF IDAHO	
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The complete street and mai 640 Butterfly Dr. Idaho Falls, ID 8	iling addresses of the initial designated office:
(Street Address)	70.101
(Mailing Address, if different than street a	address)
-	et address of the registered agent:
The hame and complete one	ot address of the registered agent.
Kim Powell	640 Butterfly Dr. Idaho Falls, ID 83401
(Name)	(Street Address)
The name and address of at	least one member or manager of the limited liability
company:	
Name Kim Causall	Address
Kim Powell	640 Butterfly Dr. Idaho Falls, ID 83401
Madine address for future as	ween and anon (annual report notices);
640 Butterfly Dr. Idaho Falls, ID 8	rrespondence (annual report notices):
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Future effective date of filing	(optional):
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