

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

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(Instructions on back of application)

SECR. BY OF STATE STATE OF IDAHO

The name of the limited liability	y company is:
LAS	T CHANCE ENTERPRISES, LLC
The complete street and mailin 684 CENTENIAL LOOP, REXBURG	g addresses of the initial designated/principal office:
(Street Address)	
(Mailing Address, if different than street addr	Tess)
The name and complete street	address of the registered agent:
MICHAEL R GROVER	684 CENTENIAL LOOP, REXBURG, ID 83440
(Name)	(Street Address)
The name and address of at leacompany:	ast one member or manager of the limited liability
<u>Name</u>	<u>Address</u>
MICHAEL R GROVER	684 CENTENIAL LOOP, REXBURG, ID 83440
Mailing address for future corre	espondence (annual report notices):
684 CENTENIAL LOOP, REXBURG	3. ID 83440
Future effective date of filing (o	ptional):
gnature of a manager, membe	er or authorized
rson.	Secretary of State use only
gnature Michael K Show	pe.1
ped Name: MICHAEL R GROVER	
gnature	IDAHO SECRETARY OF STATE 91/13/2011 05:0
ped Name:	CK: 905 CT: 111826 BH: 1255
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