



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 APR 13 AM 9:00

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

S.T. Recovery LLC

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

387 Airport Road #34 Rexburg, ID 83440
(Street Address)

387 Airport Road #34 Rexburg, ID 83440
(Mailing Address, if different than street address)

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

Randall Scott Thomas 387 Airport Road #34
(Name) (Street Address)

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

Name	Address
<u>Randall Scott Thomas</u>	<u>387 Airport Road #34</u>
<u></u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>

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

387 Airport Road #34 Rexburg, ID 83440

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Randall Scott Thomas
Typed Name: Randall Scott Thomas

Signature _____
Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
04/13/2009 05:00
CK: 102556789597 CT: 236048 BH: 1165619
1 @ 100.00 = 100.00 ORGAN LLC # 2

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FILED EFFECTIVE