



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 APR 22 AM 9: 30

1. The name of the limited liability company is:

Edge-Ability, LLC

SECRETARY OF STATE  
STATE OF IDAHO

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

720 N 55th West Idaho Falls, ID 83402

(Street Address)

PO Box 52141 Idaho Falls, ID 83405

(Mailing Address, if different than street address)

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

Joseph Jamesen

(Name)

720 N 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:

**Name**

**Address**

Joseph Jamesen

720 N 55th West Idaho Falls, ID 83402

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

PO Box 52141 Idaho Falls, ID 83402

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Joseph Jamesen

Signature

Typed Name:

Secretary of State use only

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04/23/2013 05:00  
CK: 1009 CT: 202245 BH: 1370633  
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