

FILED



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 DEC 20 AM 9:06

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

PIXIE LLC

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

115 CONDO RD. EIK CITY ID. 83525
(Street Address)P.O. BOX 269. EIK CITY ID 83525
(Mailing Address, if different than street address)

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

JONATHAN R. WALKER
(Name)115 CONDO RD. EIK CITY ID 83525
(Street Address)

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

NameAddressJONATHAN R WALKERP.O. BOX 269, EIK CITY ID. 83525

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

JONATHAN WALKER, P.O. BOX 269, EIK CITY ID. 83525

6. Future effective date of filing (optional): 1-5-2011

Signature of a manager, member or authorized person.

Signature Jonathan R. Walker
Typed Name: JONATHAN R. WALKER

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/20/2010 05:00
CK: 1245 CT: 253639 BH: 1251601
1 @ 100.00 = 100.00 ORGAN LLC # 2

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