



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
2014 JAN -2 AM 9:40

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

M M D ENTERPRISES, LLC

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

1800 WEST 5500 SOUTH, REXBURG, ID 83440

(Street Address)

(Mailing Address, if different than street address)

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

DARLA ZOLLINGER

(Name)

1800 WEST 5500 SOUTH, REXBURG, ID 83440

(Street Address)

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

Name

Address

THOMAS ZOLLINGER

1800 WEST 5500 SOUTH, REXBURG, ID 83440

DARLA ZOLLINGER

1800 WEST 5500 SOUTH, REXBURG, ID 83440

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

ALLIED FINANCIAL SERVICES, PO BOX 674, REXBURG, ID 83440

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Thomas Zollinger

Typed Name: THOMAS ZOLLINGER

Signature Darla Zollinger

Typed Name: DARLA ZOLLINGER

Secretary of State use only

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01/02/2014 05:00
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