



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 JUL 11 AM 9:45

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

S HART LLC

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

329 S WOODRUFF AVE IDAHO FALLS ID 83401

(Street Address)

(Mailing Address, if different than street address)

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

BRUCE T WATTS

(Name)

329 S WOODRUFF AVE ID FALLS ID 83401

(Street Address)

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

Name

Address

BRUCE T WATTS

329 S WOODRUFF AVE ID FALLS ID 83401

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

329 S WOODRUFF AVE IDAHO FALLS ID 83401

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Bruce T Watts

Typed Name: BRUCE T WATTS

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
07/11/2011 05:00
CK: 6425 CT: 260521 BH: 1261062
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