

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 SEP 13 AM 8: 19

SECRETARY OF STATE STATE OF IDAHO

The name of the limited liabi	i i i i i i i i i i i i i i i i i i i
	SUN DANCER SOLUTIONS LLC
The complete street and mail 300 LISA STREET, CHUBBUCK,	ling addresses of the initial designated/principal office: , ID 83202
(Street Address)	
(Mailing Address, if different than street a	address)
The name and complete stre	et address of the registered agent:
JEFFREY M CHRISTENSEN	300 LISA STREET, CHUBBUCK, ID 83202
(Name)	(Street Address)
The name and address of at company:	least one member or manager of the limited liability
Name	<u>Address</u>
KIMBERLY S CHRISTENSEN	300 LISA STREET, CHUBBUCK, ID 83202
•	
<del></del>	
<del>-</del>	rrespondence (annual report notices):
300 LISA STREET, CHUBBUCK	, ID 83202
Future effective date of filing	(optional):
gnature of a manager, mem	ber or authorized
rson.	/ Secretary of State use only
111.1111	/

Typed Name: JEEFREY M CHRISTENEN

Typed Name: SELFRET WORKSTERLE

Typed Name: KIMBERLY'S CHRISTENSEN

IDAHO SECRETARY OF STATE
09/13/2010 05:00
CK: 2248 CT: 251165 BH: 1238569
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