



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2009 NOV -5 AM 10: 34

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

CFS, LLC

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

1494 Shenandoah Dr. Boise, ID 83712

(Street Address)

Same

(Mailing Address, if different than street address)

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

Charles Stute

1494 Shenandoah Dr. Boise, ID 83712

(Name)

(Street Address)

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

Name

Address

Charles Stute

1494 Shenandoah Dr. Boise, ID 83712

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

1494 Shenandoah Dr. Boise, ID 83712

6. Future effective date of filing (optional): _____

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name:

Charles Stute

Signature

Typed Name:

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
11/05/2009 05:00
CK: 101 CT: 242028 RN: 1194219
L P 100.00 = 100.00 ORGAN LLC # 2

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