

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 FEB -2 AM 8: 34

CEODETABY OF STATE

1. The name of the limited liability con	mpany is: STATE OF IDAH	0
P	PMS RENTALS, LLC	
2. The complete street and mailing add	dresses of the initial designated/principal office	 8:
1252 S. 52nd E	E., IDAHO FALLS, IDAHO 83401	
(Street Address)		
(Mailing Address, if different than street address)		. ·
3. The name and complete street addr	ress of the registered agent:	
SCOTT R. SEEDALL	1252 S. 52nd E., IDAHO FALLS, IDAHO 83401	
(Name)	(Street Address)	
The name and address of at least o company:	one member or manager of the limited liability	
Name	Address	
GREG BITTER	64 N. Hwy 20, ASHTON, IDAHO 83420	·
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5. Mailing address for future correspor	ndence /annual report notices):	
•	E., IDAHO FALLS, IDAHO 83401	
6. Future effective date of filing (option	nai):	
(op. 11)		
Signature of organizer(s). (An organizer is a	a member, or is	
acting in behalf of a member or members).		,
	Secretary of State use only	
Signature A Colly	d'oil 60	*
Typed Name: SCOTT R. SEEDAL	L PANO SECRETARY OF	COTATE
	02/02/2009 02/02/2009	95 : 90
Signature	IDANO SECRETARY OF 2/02/2009 CK: 1212 CT: 116842 1 1 180.66 = 100.66	RBAN LLC 4
Typed Name:	Total See See See See See See See See See Se	
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