

Signature

Signature

Typed Name:

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

10 MAY 12 AM 10: 29

SECRETARY OF STATE

1. The name of the limited liability company is: STATE OF IDAHO SENID LLC 2. The complete street and mailing addresses of the initial designated/principal office: 217 Carvel Road, Kamiah, Idaho 83536 (Street Address) PO Box 1343, Kamiah, Idaho 83536 (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: 217 Carvel Road, Kamiah, Idaho, 83536 **Bill Behrens** (Street Address) (Name) 4. The name and address of at least one member or manager of the limited liability company: Address Name **Bill Behrens** 217 Carvel Road, Kamiah, Idaho 83536 5. Mailing address for future correspondence (annual report notices): PO Box 1343, Kamiah, Idaho 83536 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). Secretary of State use only

Bill Behrens

Typed Name: ______