



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

09 NOV -9 AM 9:14

1. The name of the limited liability company is:

Suppose LLC

SECRETARY OF STATE
STATE OF IDAHO

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

21 N State St.

(Street Address)

Preston, ID 83263

(Mailing Address, if different than street address)

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

Scott S. Thomas

(Name)

626 E. 60 S. Preston, ID 83263

(Street Address)

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

Name

Address

Kathy S. Thomas

626 E. 60 S. Preston, ID 83263

Joanna Thomas

2233 S. 500 E. #110, SLC, UT 84106

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

21 N State St Preston, ID 83263

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 Joanna Thomas

Typed Name: Joanna Thomas

Signature Kathy S. Thomas

Typed Name: Kathy S. Thomas

Secretary of State use only

W 88171

IDAHO SECRETARY OF STATE
11/09/2009 05:00
CK: 239 CT: 229438 BH: 1194619
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