

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

09 AUG 21 AM 8: 29

H	(IIIStructions on back	SECRETARY OF	O7***
1. The nar	ne of the limited liability con	mpany is: SECRETARY OF STATE OF IDA	SIATE
	•	APPLICATIONS, LLC	NO .
		dresses of the initial designated/principal of	fice:
. The con	ubiere erreer and maining add	246 E 300 S	iivo.
(Street Ad	ldress)	240 E 300 3	
·	E	BURLEY ID 83318	
(Mailing A	ddress, if different then street address)		
I. The nar	ne and complete street addr	ress of the registered agent:	e e e e e e e e e e e e e e e e e e e
	TODD GERRATT	246 E 300 S BURLEY ID 83318	
(Name)		(Street Address)	
. The nar		one member or manager of the limited liabilit	y
	Name	Address	
	TODD GERRATT	479 RIVERSIDE DR BURLEY ID 63318	·
	BRENDA GERRATT 479 RIVERSIDE DR BURLEY ID 83		
	ROGER SCHAEFFER	853 W BASELINE PAUL ID 83347	
5. Mailing	address for future correspor	ndence (annual report notices):	
	•	179 RIVERSIDE DR BURLEY ID 83318	
S. Future	effective date of filing (optior	nal):	· · · · · · · · · · · · · · · · · · ·
			1000
Signature o	f organizer(s). (An organizer is a	a member, or is	
•	alf of a member or members).		
	1540 -	Secretary of State use only	• •
Signature <u></u>	1001	3	-
yped Nam	e: TODD GERRATT		
		Officers CK: 98711161 CT: 23	RY OF STATE
Signature_		98/21/2 8	9 65:
Connad Norm		E # CK: 90711161 CI: 24	2000 DIT: 1