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## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2009 OCT -8	P# 1.	. r-
SECRETARY.	., 4.	5
STATE OF I	MAIAT	i

	(Instructions on back	of application)	STATERY OF STATE
1.	The name of the limited liability com	npany is:	STATE OF IDAHO
		erform X Plus, LLC	
2.	The complete street and mailing add	dresses of the initial outh, Suite A, Nampa, ic	
	(Street Address)		
	(Mailing Address, if different than street address)		
₹.	The name and complete street addr	ess of the registere	d agent:
	Thad J. Chandler		uth, Suite A, Nampa, Idaho 83651
	(Name)	(Street Address)	
4.	The name and address of at least o company:	ne member or man	
	Name	004 Oud Dine of Co.	Address
	Thad J. Chandler	924 3rd Street Sol	uth, Suite A, Nampa, Idaho 83651
5	Mailing address for future correspon	ndence (annual rep	ort notices):
5.	Mailing address for future correspond	ndence (annual repo	
5.	_		
	_	outh, Suite A, Nampa, I	daho 83651
	924 3rd Street S	outh, Suite A, Nampa, I	daho 83651
6. Sig	924 3rd Street S  Future effective date of filing (option nature of organizer(s). (An organizer is a	outh, Suite A, Nampa, I	daho 83651
6. Sig	924 3rd Street S  Future effective date of filing (option	outh, Suite A, Nampa, I	daho 83651
6. Sig	924 3rd Street S  Future effective date of filing (option nature of organizer(s). (An organizer is a ng in behalf of a member or members).	outh, Suite A, Nampa, I	daho 83651
Sig acti Sig	Future effective date of filing (option nature of organizer(s). (An organizer is ang in behalf of a member or members).	outh, Suite A, Nampa, I	daho 83651
6. Sig acti	Future effective date of filing (option nature of organizer(s). (An organizer is ang in behalf of a member or members).	outh, Suite A, Nampa, I	daho 83651
6. Sig Sig Ty	Future effective date of filing (option nature of organizer(s). (An organizer is ang in behalf of a member or members).	nal):amember, or is	daho 83651