

CERTIFICATE OF ORGANIZATIONLED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 MAR 10 AM 8=48

The name of the limited liability company is:		SECRETARY OF STATE STATE OF IDAHO
GA	ARRISON PHILLIPS LLC	STATE OF IDATIO
2. The complete street and mailing a 538 C Pheas	ddresses of the initial des	
(Street Address)	(Street Address) PO Box 2986 Pocatello ID 83206	
(Mailing Address, if different than street address)		
3. The name and complete street add	dress of the registered ag	gent:
JOEL PHILLIPS		ge Dr Chubbuck ID 83202
(Name)	(Street Address)	
The name and address of at least company:		
<u>Name</u> JOEL PHILLIPS	_	Address ge Dr Chubbuck ID 83202
3443		
		%
5. Mailing address for future correspondence of the policy	•	otices):
РОВ	ox 2986 Pocatello ID 83206	
6. Future effective date of filing (optional):		
Signature of organizer(s). (An organizer is acting in behalf of a member or members).	s a member, or is	
		Secretary of State use only
Signature /// ///	D	w91367
Typed Name: / JOEL PHILLIPS		IDANO SECRETARY OF STATE
	matt.LC forms/cert_org_ftc.PMD	03/10/2019 05:00 CK: 3438 CT: 188922 BH: 1211901
Signature	mett.Li	1 6 108.00 = 100.00 LMONR LLC C