CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2014 SEP -8 AM 9: 19

(Instructions on back of application)

(IIIST detions	or back or application)		
I. The name of the limited lia	bility company is:	STATE OF DANG	
Nitrospaz Properties, LLC		- *a * \state *	
2. The complete street and ma 165N 3600E, Rigby, ID 83442 (Street Address)	•	initial designated office:	
(Mailing Address, if different than stree	t address)		
. The name and complete str	eet address of the regi	stered agent:	
Kathleen Spitzer	940 Edgewood	Lane, P.O. Box 828, Victor, ID 83455	
(Name)	(Street Address)		
company: <u>Name</u>		manager of the limited liability Address	
Walker Crystal	165N 3600E, I	165N 3600E, Rigby, ID 83442	
Moiling addrona for future a	arraanandanaa /anniiol	report national:	
Mailing address for future of 940 Edgewood Lane, P.O. Box	•	report notices).	
340 Edgewood Earle, F.O. Box	020, VICIOI, ID 00400		
Figure official data of filling	- /		
Future effective date of filing	g (optional):		
gnature of a manager, mer	mber or authorized		
erson.	Γ	Secretary of State use only	
gnature Six NV 119			
ped Name: Lisa Shults, Organiz	zer	IDAHO SECRETARY OF STA	
ped Name.		09/08/2014 05:0	
anatura		CK:23814 CT:197947 BH:1	
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ped Name:			

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