

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 FEB 17 AM 10: 47

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1. The name of the limited l	liability company is:	SECRETARY OF STATE STATE OF IDAHO
Colling Enterprises LLC.		<b>G.I. I.</b> 2
2. The complete street and a 481 Hartert Drive (Street Address) Idaho Falls, ID 83404 (Mailing Address, if different than str	mailing addresses of the initi	al designated office:
3. The name and complete s	street address of the register	ed agent:
Tim Coiling (Name)	481 Hartert Drive Id (Street Address)	aho Falls, ID 83404
<ol> <li>The name and address of company:</li> </ol>	f at least one member or mar	nager of the limited liability
<u>Name</u>		<u>Address</u>
Tim Colling	481 Hartert Drive Id	aho Falls, ID 83404
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-	-	
. Mailing address for future 481 Hartert Drive Idaho Falls,	correspondence (annual rep	ort notices):
	ID 83404	
481 Hartert Drive Idaho Falls,  Future effective date of filing  gnature of a manager, me	ng (optional):	
481 Hartert Drive Idaho Falls,  Future effective date of filing and the service of a manager, means on the service of the serv	ng (optional):	
481 Hartert Drive Idaho Falls,  Future effective date of filing and the serious and the serious date of a manager, means on the serious date of a manager, means of a manager, means on the serious date of a manager, means of a manager date o	ng (optional):	ลิกับ กลเลย, <b>(ป</b> ี 85464
481 Hartert Drive Idaho Falls,  Future effective date of filing gnature of a manager, means and gnature	ng (optional):	ลิกับ กลเลย, <b>(ป</b> ี 85464
481 Hartert Drive Idaho Falls,  Future effective date of filing gnature of a manager, meanson.  gnature	ng (optional):	ลิกับ กลเอ, <b>(ป</b> ี 85464
481 Hartert Drive Idaho Falls,  Future effective date of filing  gnature of a manager, means on the control of	ng (optional):	Secretary of State use only
481 Hartert Drive Idaho Falls,  Future effective date of filing gnature of a manager, means and gnature	ng (optional):	Secretary of State use only  IDANO SECRETARY OF STATE

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